|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Psych Pharm Techs**  Millennium Room, Arden Hotel, Coventry Road, Solihull B92 0EH  17th November 2023 – All Day In Person Event | | | | | | | | |
| Send the completed form to: [info@cmhp.org.uk](mailto:info@cmhp.org.uk) | | | | | | | | |
| Or post to Wendy Gundry, 23 Southway, Burgess Hill, West Sussex, RH15 9SY | | | | | | | | |
| **Delegate Details – Information supplied on this form will be used by CMHP solely and will not be disseminated to third parties without prior consent. PLEASE FULLY COMPLETE THE FRONT AND BACK OF THE FORM PRIOR TO SENDING BACK.** | | | | | | | | |
| Psych Pharm Techs is a best practice sharing event for pharmacy technicians of any grade working in mental health. It is a course designed for pharmacy technicians, by pharmacy technicians.  Our aim on the day is to empower each other through a community of peer learning to be highly effective clinical professionals. | | | | | | | | |
| Family Name: | | | | First Name: | | | | |
| Job Title: | | | | Title: Prof / Dr / Mr / Ms / Mrs / Miss | | | |  |
| Employer: |  | | | | | | | |
| Your Postal address: | | | | Daytime telephone: | | | | |
|  | | | |  | | | | |
| Email address: *Please supply a* ***second*** *email address as email is the primary mode of contact prior to the course* | | | | | | | | |
| Primary: | | | Secondary: | | | | | |
| **Role**: Please click appropriate square | | | | | | | | |
| Pharmacy Technician | | Other | | | | |
| **Accessibility:**  Please submit a description of any accessibility requirements. | | | | | | | | |
| **Registration details:**  You must be a paid-up member at time of booking **AND** attendance for member rate to apply. | | | | | **MEMBER** | **NON- MEMBER** | | |
| **17th November 2023 Includes full day’s attendance, lunch and refreshments.** | | | | | £150 | £175 | | |
| **ACCOMMODATION IS NOT PROVIDED**  However, if you need accommodation the hotel is offering a delegate rate of £113.15 B&B. All bedroom bookings need to be made directly with the hotel and funded – it cannot form part of the purchase order. | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **PAYMENT INFORMATION -** Please note; we will reserve a space, prior to payment, on receipt of a completed booking form. However, without a purchase order or invoicing details your booking cannot be completed and confirmed. | | | |
| **A.**   **Payment by cheque:** Cheques made payable to CMHP, must be in GBP (£) and sent on receipt of invoice | | | |
| **B.**  **Self Funding** | | | |
| **THIS SECTION MUST BE COMPLETED (unless self-funding) AND CONTAIN A PURCHASE ORDER NUMBER**  Please liaise with your finance or procurement office to ensure you provide that department’s correct contact information. | | | |
| Purchase Order Number **(Essential)** | |  | |
| Finance Dept contact name: | |  | |
| Finance Dept Address: | |  | |
| Finance Dept Tel number: | |  | |
| Finance Dept contact email: | |  | |
| **Cancellation Policy**  We regret that we must make a charge for cancelled registrations. If you notify us of the cancellation of your reserved place giving four weeks or more prior notice, 25% of the fee will be retained; four to two weeks prior notice, 50% will be retained; two and one weeks prior notice, 75% will be retained.  There is no refund for non-attendance or cancellations made less than one week (7 days) prior to the event, whereupon the full fee will remain payable. CMHP reserves the right to cancel events and to return the registration fee. CMHP cannot be held responsible for any losses resulting from such cancellation, however caused.  Every effort is made to ensure the final event contents match the advertised draft as far as possible. However, changes can be out of our control. No recompense will be made based on changes to the programme.  **I confirm that I have read and understood the above policy and wish to reserve a place at the event as detailed.**  Signed: Date: | | | |
| **How did you hear about this event?** | | | |
| CMHP website | CMHP mailing | | CMHP discussion group |
| Event advertising flyer | email | | CMHP Facebook |
| Twitter feed | Psych Bites | | Journal / Other (please state) |
| Recommended by [please state at document foot]: a colleague / friend / manager / current CMHP member | | | |
| **Financial hardship**  CMHP as a charitable organisation can provide a limited number of membership subscriptions or reduced event attendance fees for applicants with extreme financial hardship.  To request a waiver of the application fee, contact [info@cmhp.org.uk](about:blank) stating details of the financial hardship. Your request will be reviewed, and a determination will be made regarding payment of fees.  CMHP, secures non-promotional, unrestricted educational grants from our corporate partners in order to support our educational activities. For more information on our Corporate Partnership Scheme please visit our website [www.cmhp.org.uk.](about:blank)  CMHP endeavours to work with the pharmaceutical industry to meet the ABPI's Code of Practice. | | | |
|
|
|
|
|
|