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| **Pharmacological Management of Acute Disturbance**  Virtual Event  Dates: Friday 10th May 2024 and Friday 17th May 2024 1pm – 5pm (GMT) | | | | | | | | | | |
| Send completed form to: [info@cmhp.org.uk](mailto:info@cmhp.org.uk) or post to CMHP, 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.** | | | | | | | | | | |
| 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 | | | | | | | | | | |
| Pharmacist | | Pharmacy Technician | Nurse | | | Student | | 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. Either membership to CMHP or NAPICU | | | | | | | **MEMBER** | | **NON- MEMBER** | |
| **10th and 17th May 2024** | | | | | | | £125 | | £150 | |

**Please complete all the information required on the back of the form.**

**We cannot accept a booking without the invoice section being fully complete  
 with a purchase order number.**

**If you are self-funding, please tick box B and you will receive an invoice direct.**

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| **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 to be made payable to CMHP, must be in GBP (£) | | | |
| **B.**   **Payment via Invoice – Self Funding** | | | |
| **C.**  **Payment via invoice** – **Employer Funding**  **THIS SECTION MUST BE COMPLETED 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**  If you notify us of the need to cancel 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 or NAPICU reserves the right to cancel events and to return the registration fee. CMHP or NAPICU 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 |
| X feed | Psych Bites | | Journal / Other (please state) |
| NAPICU website | Recommended by]: 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](mailto:info@cmhp.org.uk) 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.](http://www.cmhp.org.uk/)  CMHP endeavours to work with the pharmaceutical industry to meet the ABPI's Code of Practice | | | |
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