

Registration Form

**SCAN Addiction Psychiatry Meeting for trainees and
newly-appointed consultants
17th – 18th June 2010
Francis Hotel, Bath**

Personal Information

First name: _____ Surname: _____

Associate Specialist Consultant Psychiatrist SpR / ST 4-6

Staff grade Other (please specify): _____

Please tick if you are member or affiliate member of SCAN

Organisation (as will appear in delegate list): _____

NHS trust/Employer (if different from above) _____

Mailing address: _____

Postcode: _____ Email: _____

Tel (day time): _____ Fax: _____

Vegetarian: **Yes/No** Special diets: _____

Other special requirements: _____

Registration Fees

(Please note that these fees do not include accommodation)

Whole conference.....£140

Thursday (only).....£60

Friday (only).....£100

Accommodation and dinner fees

Thursday night (single occupancy) £105

Dinner (Thursday night)..... £25

Total payable (registration fee plus accommodation and dinner if applicable) £: _____

Menu Choices

Please indicate menu choice below

Starters

- Carrot and coriander soup (V)
- Smoked salmon plate, lemon and dill crème fraîche, rocket salad

Main Menu

- Roast chicken breast, garlic mash potato, rich dijon mustard sauce
- Seared sea bass fillet, basmati rice, creamy pesto sauce
- Roasted vegetables tagliatelli with parmesan (V)

Dessert

- Sticky toffee pudding, banoffi ice cream, toffee sauce
- Chocolate and orange tart, chocolate sauce

Administration notes

- **Deadline for registration is Friday 4th June**
- **Cancellations will be subject to cancellation fee**
- **No refund for cancellations received after Friday 4th June**
- **If you are unable to provide payment via cheque please contact us so alternative payment arrangements can be made**

Please complete and return your registration form with your payment to:

Rebecca Murchie
6th Floor, Skipton House
80 London Road
London SE1 6LH
Tel: 020 7972 1982 Fax: 020 7972 1998
Email: Rebecca.murchie@nta-nhs.org.uk

(If faxing, please ensure the second page of the form is also faxed.)

I enclose a cheque payable to "National Treatment Agency" for the amount of: £ _____

I confirm the above, signed _____

Places can only be reserved when payment is received with this form.
If an authority is to pay, the delegate should either pay and then claim reimbursement from the authority or enclose payment from their authority.