

## Joint Meeting between Royal College of Psychiatrists Faculty of the Psychiatry of Learning Disability and the British Psychological Society Faculty for Learning Disabilities 1st April 2004, Regent's College,



# London

Registration Booking Form

### Please Member of Royal College of Psychiatrists tick: Member of British Psychological Society MEMBERSHIP NUMBER \_\_\_\_\_TITLE \_\_\_\_\_FIRST NAME \_\_\_\_\_ SURNAME \_\_\_\_\_ PLACE OF WORK MAILING ADDRESS TOWN\_\_\_\_\_POSTCODE\_\_\_\_\_ COUNTRY \_\_\_\_\_ **EMAIL** TEL (DAYTIME) VEGETARIAN YES/NO SPECIAL DIETS \_\_\_\_\_\_ SPECIAL NEEDS INDICATE APPROPRIATE CATEGORY (tick one box only) INCEPTOR Spr CONSULTANT RETIRED MEMBER OTHER **REGISTRATION FEES** Conference Fee £100 Retired/Inceptor Fee £50

TOTAL:	£

#### **WORKSHOP ATTENDANCE**

Please indicate which of the following workshops you would like to attend, ranking your first <u>three</u> choices in order of preference. Workshops have limited availability: if your first choice is full you will automatically be allocated to your second choice and so on.

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1	Understanding of Challenging Behaviours through Behavioural Phenotypes, Professor Gregory O'Brien and Professor Chris Hatton					Choice	Choice			
2	Aspects of Service Development and Delivery in Managing Challenging Behaviour in the Community, Dr Roger Banks and Mr Sandy Toogood					0	٥			
3	Cognitive Behavioural Approaches to Understanding Challenging Behaviours, Dr Angela Holland and Mr Alick Bush									
4	Training Models of Multidisciplinary Assessment and Management of Challenging Behaviours, Dr Mary Staines and Dr Ian Grey					٥				
	PAYMENT METHOD									
□ I ENCLOSE A CHEQUE FOR £ (Cheques payable to 'The Royal College of Psychiatrists quoting reference 75.40.10.660 and name of delegate if sent by Trust) □ PLEASE DEBIT MY visa / delta / mastercard / visa electron / switch / solo £										
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I consent to the processing by the College of the information contained in this form, by any means, for the purposes of participating in this conference.  SIGNATURE										
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PLACES CAN ONLY BE RESERVED WHEN REMITTANCE 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. THE COLLEGE IS UNABLE TO INVOICE FOR REGISTRATION FEES.

### 80% REFUND IF TWO TO ONE MONTH'S NOTICE GIVEN – BY 1<sup>ST</sup> MARCH 2004 50% REFUND IF ONE MONTH TO A FORTNIGHT'S NOTICE GIVEN – BY 18<sup>TH</sup> MARCH 2004 NO REFUND FOR CANCELLATIONS RECEIVED AFTER 18<sup>TH</sup> MARCH 2004

Please complete and return your registration form with your remittance to: THE CONFERENCE OFFICE, THE ROYAL COLLEGE OF PSYCHIATRISTS, 17 BELGRAVE SQUARE, LONDON SW1X 8PG, ☎: 020 7235 2351 EXT. 145, ☒ 020 7259 6507

If any information recorded on this form subsequently changes please let the College know. It is important that our records are accurate and up to date.