

Psychiatric Problems in Pregnancy Study Day
 Sunday 20 June 2010, Waterfront Hall, Belfast, UK
Registration Form

Please print in BLOCK LETTERS and return with payment to:

Psychiatric Problems in Pregnancy Study Day
 Hampton Medical Conferences Ltd. 113 – 119 High Street, Hampton Hill, Middlesex, TW12 1NJ, UK
 Tel: +44 (0)20 8979 8300 Fax: +44 (0)20 8979 6700

Please complete clearly one form per delegate.

Personal Details

Last/Family Name:.....First Names:

Prof/Dr/Mrs/Mr/Ms etc: Male Female

Specialty: Grade:

Work Address*:

.....

.....

City:Post/Zip Code:.....Country:

E-mail**:

Business Tel. No: Fax No:

*NB: Your work address will be used for correspondence. If it is not appropriate please advise us of an alternative address.

**NB: It is important that you provide an email address so that notification can be sent to you when final details of the conference are available on the website.

Registration Fees

Please tick relevant box

Full registration	£100	<input type="checkbox"/>
Nurse/Midwife	£65	<input type="checkbox"/>

The registration fee includes access to the Study Day scientific sessions, meeting materials, morning coffee, lunch, afternoon tea.

Dietary requirements & Access Needs	<input type="checkbox"/> Vegetarian <input type="checkbox"/> Other please give details Access needs: please specify e.g. wheelchair user, mobility difficulties, hearing impaired etc
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Hotel Reservation

Hotel reservation	Hotel name	Arrival Date	Departure Date	No. Nights	Occupancy (single/double/twin)	Payment (incl. VAT)
1 st Choice:						
2 nd Choice:						
3 rd Choice:						

For hotel information and prices please refer to the Congress website www.bicog2010.com/accommodation.htm

Payment Details <i>Please tick relevant box</i>	All payments to be in GB Pounds Sterling Registration forms will NOT be accepted without payment (WE REGRET THAT INVOICES CANNOT BE RAISED)
<input type="checkbox"/> By Cheque/Bank Draft	Payable to 'BICOG 2010' and drawn on a UK bank
<input type="checkbox"/> Please deduct the total sum from:	Credit Card: <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> American Express Debit Card: <input type="checkbox"/> Maestro <input type="checkbox"/> Visa Delta Card No: Expiry Date: Security Code (last 3 digits of code on reverse if the card): Signature: Cardholder's billing address, including postcode: <i>Please note credit card payments are subject to an additional charge (MasterCard, Visa & Amex: 2.95%)</i> (Maestro only) Valid from: Issue No:
By returning your completed registration from you are agreeing to your name, town being listed on the participants list, your email being used by the Secretariat and the terms and conditions of the conference, including cancellation policies for registration fees. Hampton Medical Conference Ltd may make your details available to selected third parties that may be of interest to you. If you do NOT want your details to be passed on please tick here: <input type="checkbox"/>	

Cancellation of registration fees

Please advise the Secretariat in writing if you wish to cancel your place at the **Psychiatric Problems in Pregnancy Study Day**. Cancellation of individual registration bookings received in writing by the Secretariat will be refunded after the Study Day at the following rates:

On or before 9 April 2010 - Full refund minus 25% administration fee.

After 10 April 2010 - We regret no refund can be made although name substitutions can be made at any time.

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