

Registration Form

Diabetes and Endocrinology: Learning from other Specialists Thursday 7 October 2010

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| (BLOCK LETTERS PLEASE) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PROF/DR/MR/MRS/MISS | SURNAME | FIRST NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| POSTCODE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EMAIL | | | SPECIALTY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PLACE OF EMPLOYMENT | | | CURRENT POST | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HOW DID YOU HEAR OF THIS SYMPOSIUM? | | | DIETARY REQUIREMENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Collegiate Members of the RCPE in clinical research posts may be eligible for funding; please contact the Symposium Co-ordinator for further information.</p> <p>FEES (includes lunch and refreshments) please tick</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;"><input type="checkbox"/></td> <td style="width: 25%;">FRCPE</td> <td style="width: 15%;">£60</td> <td style="width: 15%;"><input type="checkbox"/></td> <td style="width: 15%;">*Retired</td> <td style="width: 15%;">nil*</td> <td style="width: 15%;"><input type="checkbox"/></td> <td style="width: 15%;">Student</td> <td style="width: 15%;">nil</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Collegiate Member Ed</td> <td>£60</td> <td><input type="checkbox"/></td> <td>MRCP (UK)</td> <td>£120</td> <td><input type="checkbox"/></td> <td>**Unpaid Post</td> <td>nil**</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Associate of RCPE</td> <td>£60</td> <td><input type="checkbox"/></td> <td>GP</td> <td>£120</td> <td><input type="checkbox"/></td> <td>Other (please state)</td> <td>£120</td> </tr> <tr> <td><input type="checkbox"/></td> <td>e-Associate of RCPE</td> <td>£60</td> <td><input type="checkbox"/></td> <td>Nurse or A.H.P.</td> <td>£45</td> <td colspan="3" style="border-bottom: 1px solid black;"></td> </tr> </table> <p>*Retired FRCPE - no fee for attending but lunch is not included. If you would like lunch, a fee of £15 should accompany this form. ** Unpaid Post - Nil, if confirmation of status provided - please contact RCPE.</p> | | | | | | <input type="checkbox"/> | FRCPE | £60 | <input type="checkbox"/> | *Retired | nil* | <input type="checkbox"/> | Student | nil | <input type="checkbox"/> | Collegiate Member Ed | £60 | <input type="checkbox"/> | MRCP (UK) | £120 | <input type="checkbox"/> | **Unpaid Post | nil** | <input type="checkbox"/> | Associate of RCPE | £60 | <input type="checkbox"/> | GP | £120 | <input type="checkbox"/> | Other (please state) | £120 | <input type="checkbox"/> | e-Associate of RCPE | £60 | <input type="checkbox"/> | Nurse or A.H.P. | £45 | | | |
| <input type="checkbox"/> | FRCPE | £60 | <input type="checkbox"/> | *Retired | nil* | <input type="checkbox"/> | Student | nil | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Collegiate Member Ed | £60 | <input type="checkbox"/> | MRCP (UK) | £120 | <input type="checkbox"/> | **Unpaid Post | nil** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Associate of RCPE | £60 | <input type="checkbox"/> | GP | £120 | <input type="checkbox"/> | Other (please state) | £120 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | e-Associate of RCPE | £60 | <input type="checkbox"/> | Nurse or A.H.P. | £45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| PAYMENT OPTIONS | | | |
| Please indicate method of payment: <input type="checkbox"/> Cheque <input type="checkbox"/> Credit card <input type="checkbox"/> Invoice | | | |
| <p>Cheque: Cheques should be made payable to the Royal College of Physicians of Edinburgh and drawn in £ Sterling. Quote ref: ESD/10/SY/326 and your name on reverse of cheque.</p> <p>Credit card: If paying by credit card, please complete: AMERICAN EXPRESS / DELTA / MAESTRO / MASTERCARD / VISA (delete as appropriate)</p> <p>Card no.: <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> Issue no: <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/></p> <p>Start date: <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> Expiry date: <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> *Security code: <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/></p> <p>Amount: _____</p> <p>Name on card: _____ Signature: _____</p> | | | |
| <p>Invoice: If you wish us to invoice an employer or other organisation please enclose a separate letter with full contact details.</p> | | | |

Please return this form with your payment by Thursday 30 September 2010 to:
 Christina Gray, Education Department, Royal College of Physicians, 9 Queen Street, Edinburgh EH2 1JQ
Tel: 0131 247 3607 **Fax:** 0131 220 4393 **Email:** c.gray@rcpe.ac.uk **Website:** www.rcpe.ac.uk
PLEASE NOTE: If you have to cancel your place within seven days of this symposium, we regret that we are unable to provide a refund. However, substitute participants will be accepted at the discretion of the organisers.

DATA PROTECTION Your details will be stored on a database for the purposes of organising this meeting and some information may be included on a list of participants for circulation at the event. We would like to retain your details so that we can facilitate future bookings and contact you about future RCPE activities. We will not pass these details on to any third parties. If you DO NOT wish us to hold your details for these purposes, please tick this box