

## Registration Form

**Care of the Elderly  
Wednesday 15 September 2010**

(BLOCK LETTERS PLEASE)																									
PROF/DR/MR/MRS/MISS	SURNAME																								
FIRST NAME																									
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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><b>FEES (includes lunch and refreshments) please tick</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><input type="checkbox"/> FRCPE</td> <td style="width: 15%;">£60</td> <td style="width: 25%;"><input type="checkbox"/> *Retired FRCPE</td> <td style="width: 35%;">nil*</td> <td style="width: 15%;"><input type="checkbox"/> Student</td> <td style="width: 10%;">nil</td> </tr> <tr> <td><input type="checkbox"/> Collegiate Member Ed</td> <td>£60</td> <td><input type="checkbox"/> MRCP (UK)</td> <td>£120</td> <td><input type="checkbox"/> **Unpaid Post</td> <td>nil**</td> </tr> <tr> <td><input type="checkbox"/> Associate of RCPE</td> <td>£60</td> <td><input type="checkbox"/> GP</td> <td>£120</td> <td><input type="checkbox"/> Other (please state)</td> <td>£120</td> </tr> <tr> <td><input type="checkbox"/> e-Associate of RCPE</td> <td>£60</td> <td><input type="checkbox"/> Nurse or A.H.P.</td> <td>£45</td> <td></td> <td></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 FRCPE	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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<b>PAYMENT OPTIONS</b>			
<b>Please indicate method of payment:</b> <input type="checkbox"/> Cheque <input type="checkbox"/> Credit card <input type="checkbox"/> Invoice			
<p><b>Cheque:</b> Cheques should be made payable to the Royal College of Physicians of Edinburgh and drawn in £ Sterling. Quote ref: <b>ESD/10/SY/324</b> and your name on reverse of cheque.</p> <p><b>Credit card:</b> 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><b>Invoice:</b> 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 10 September 2010 to:**  
Christine Berwick, Education Department, Royal College of Physicians of Edinburgh, 9 Queen Street, Edinburgh EH2 1JQ  
Tel: 0131 247 3634    Fax: 0131 220 4393    Email: [c.berwick@rcpe.ac.uk](mailto:c.berwick@rcpe.ac.uk)    Website: [www.rcpe.ac.uk](http://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