**Sixth East Midlands Critical Care and Peri-Operative Medicine Conference**



**Crowne Plaza Hotel, Nottingham 3rd – 4th October 2019**

11.5 CPD Credits applied for from The Royal College of Anaesthetists, UK

**Delegate Registration Form**

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| **Delegate Details** |

1. **Title and First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Organisation currently employed at / retired from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **Specialty and Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. **Address of organisation incl. post code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Please provide your preferred email address as the confirmation of your registration will be sent to this email address)**

1. **Contact telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Special dietary requirements, if any \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Attending Day One (Yes or No) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attending Day Two (Yes or No) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Registration Fees**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Early Bird**  **(up-to 16th June 2019)** | | **After Early Bird** | | **On the Day Registration** | |
|  | **Both Days** | **Each Day** | **Both Days** | **Each Day** | **Both Days** | **Each Day** |
| **Consultants / Specialty Doctors** | **£ 190** | **£ 110** | **£ 220** | **£ 130** | **£ 250** | **150** |
| **Nurses / Trainee Doctors / ANPs**  **ENPs / ODPs / Retired Doctors/**  **Physiotherapists / Clinical Educators** | **£ 110** | **£ 70** | **£ 130** | **£ 80** | **£ 150** | **£ 100** |

Includes delegate pack, online access to presentations after the conference and faculty’s permission, breakfast, lunch and two refreshment breaks each day

To register as delegate, please email completed registration form to: [**info@midlandsmedicalconferences.org**](mailto:info@midlandsmedicalconferences.org)**,**

and transfer appropriate fees online, as per HSBC bank details below

Account Name: **Midlands Medical Conferences**, Account Number: **05051835**, Sort Code: **40-35-18**

Please write your name in reference. For further information please email: [**info@midlandsmedicalconferences.org**](mailto:info@midlandsmedicalconferences.org)

**Refund policy:** Up to 15th July 2019, full refund minus £ 20 admin fees. After that, up to 15th August 2019, 50% refund minus £ 20 admin fees. No refund is possible after 15th August 2019.

***Look forward to welcoming you at the conference***