3 WAYS TO REGISTER:

Please complete one registration form for each delegate

1. Register online at **masterclasses.bmj.com**
2. Fax this completed form to **+44 (0)20 7554 6997**
3. Post this form with your payment to: **BMJ Publishing Group Ltd, BMJ Learning, PO Box 295, London WC1H 9TE**

If you have any problems registering, please call **+44 (0)20 7383 6241 /6281** or email us at **events@bmjgroup.com**

Delegate Registration Form

BMJ Masterclass for GPs: Neurology and Mental Health

YOUR DETAILS (BLOCK CAPITALS)

Title *(eg Mr/Mrs/Dr/Prof)*: _____ Surname: _____ First name: _____

Job title: _____

Organisation: _____

Address: _____

_____ Town/city: _____

County/state: _____ Country: _____ Post code: _____

Telephone *(including country code)*: _____ Fax: _____

Email *(please print clearly)*: _____

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

Special requirements *(diet/mobility etc)*: _____ GMC number: _____

Please indicate how you first heard about this BMJ Masterclass *(please choose one only)*:

☐ Postal mailing ☐ Email alert ☐ Print advert ☐ Online advert ☐ Search engine ☐ Colleague ☐ Leaflet/flyer ☐ Conference/exhibition

REGISTRATION DETAILS - please note that all fees are per delegate, per day

1	PLEASE INDICATE WHICH MASTERCLASS YOU WILL BE ATTENDING *(PLEASE CHOOSE ONE ONLY)*:	Early Bird Deadline
	☐ **MONDAY 15 JUNE 2009** BMA House, London (MC605)	Monday 11 May 2009
	☐ **THURSDAY 1 OCTOBER 2009** Renaissance Hotel, Manchester (MC606)	Tuesday 2 June 2009

2	SELECT YOUR FEE - Per delegate, per day	Early Bird Fee - inclusive of 15% VAT	Standard Fee - inclusive of 15% VAT
	☐ Doctor (standard)	£224.00	£244.00
	☐ Doctor (BMA member) *BMA No.* _____	£214.00	£244.00
	☐ Nurse/allied professional	£175.00	£194.00

For group rates please contact us on +44(0)20 7383 6281/6241

PAYMENT DETAILS - please indicate how you wish to pay *(payment must be received before the BMJ Masterclass)*

☐ I wish to pay by **credit card/debit card** ☐ Visa ☐ Mastercard ☐ American Express ☐ Maestro ☐ Delta

Card number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐ Expiry date: _____ Issue number *(Maestro only)*: ____

Name on card: _____ Signature: _____ *Your signature is essential when paying by credit card*

Card billing address: _____

_____

☐ Please **invoice** me: purchase order number: _____ Invoice address: _____

_____

☐ Enclosed is a **cheque** for: _____ *(cheques must be made payable to **BMJ Publishing Group Ltd** and drawn in pounds sterling on a UK bank)*

This form must be signed by the delegate before we can accept the booking. By signing this form you are accepting and are automatically bound by the terms and conditions below.

Name: _____ Signature: _____ Date: _____

TERMS AND CONDITIONS

1. **All cancellations and substitutions must be submitted to the BMJ Group, BMJ Masterclasses Division, in writing, preferably by email to events@bmjgroup.com** or by faxing this to 020 75546997. There will be no charge for substituting one person for another at any time. Transfers however from one conference to another will be at the BMJ Group's absolute discretion.
2. The refund policy for accepted bookings is as follows: **Cancellations** made 15 plus working days prior to the event – a full refund will be given. **Cancellations** made 8-14 working days prior to the event – fee refunded less **£50.00 administration charge**. **Cancellations** made 7 working days or less prior to the event – refunds will only be made in exceptional circumstances and at the absolute discretion of the BMJ Group.
3. All registrations will be acknowledged by email with confirmation as to whether your booking has been successful. If confirmed, it is at this point when a binding contract comes into effect. **It is your responsibility to ensure that full payment or payment instruction is sent with the form. If you have requested an invoice, you must ensure that full payment is made prior to the BMJ Masterclass event.**
4. Information provided on this registration form will be used in accordance with your preferences to the left and our privacy policy which can be viewed at http://group.bmj.com/group/about/legal/privacy/ or by contacting us. We will use information to provide delegate lists for distribution at the conference to delegates, the venue and lead sponsors and to generally manage your booking.
5. Due to circumstances beyond the control of the BMJ Group, last minute changes to the programme, timings, venue, speakers or presentations may be unavoidable. In the unlikely event of the conference being cancelled (as opposed to postponed) we will refund you the registration fee, (except where you have already given notice in accordance with Clause 2 and in which case its provisions shall prevail). Otherwise, to the fullest extent permitted by law the BMJ Group disclaims any liability for any costs or losses whether direct or indirect caused due to such changes. This or any other exclusion herein does not however affect your statutory rights.
6. To the fullest extent permitted by law we will not be liable to you for any losses (whether direct or indirect) based on reliance of any content at the BMJ Masterclass.
7. You will need to comply with the event rules which will be available at the relevant venue upon request.
8. These terms and conditions are subject to the laws of England and it is agreed that the competent courts of jurisdiction shall be the English courts.

For full terms and conditions, please visit masterclasses.bmj.com

Confirmation

Once we have received written confirmation of your registration along with full payment, we will send you an email confirmation as to whether your booking has been successful.

If you have not received this two weeks before the Masterclass, please contact the conference organiser, as any invoices issued must be honoured. We must receive full payment prior to the Masterclass date.

☐ We would like to keep you up to date with news of our products and services that may be of interest to you. If you prefer not to receive these marketing communications*, then tick this box.

☐ We would also like to pass your information to our parent organisation, the British Medical Association. If you would like to receive marketing communications* from the BMA, then tick this box.

☐ We would like to share your details with appropriate and relevant 3rd parties. If you agree and in addition would be interested in receiving communications* from these companies then please tick this box.

** email, SMS, and post*

REGISTERED VAT NUMBER: GB 674 7384 91 CONFERENCE FEE REF: JBAL H305 MC605/MC606 BMJMGP: Neurology and Mental Health

Masterclass Code MCWEB