intensive care society
care when it matters

THE INTENSIVE CARE SOCIETY
Seminars at Churchill House
Acute Kidney Injury
Thursday 25 October 2012
LATE REGISTRATION FORM

Please complete a separate Registration Form for each delegate wishing to attend (photocopy this form as required). Return completed forms to:

The Intensive Care Society, Churchill House, 35 Red Lion Square, London WC1R 4SG.
Tel: 020 7280 4350 Fax: 020 7280 4369 Email: events@ics.ac.uk

IF YOU ARE FAXING THIS FORM, PLEASE ADD YOUR SURNAME AT THE BOTTOM OF EACH PAGE.

We regret applications cannot be accepted unless accompanied by payment. Please note, contact details given on this form, will be used for all future ICS correspondence until the office is otherwise notified.

Prof/Dr/Mr/Mrs/Ms ..... Forename .....

Surname ..... Preferred Badge Name .....

Job Title ..... Department .....

Hospital/Place of Work .....

Mailing Address .....

.....

..... Postcode .....

Telephone No ..... Fax No .....

Email .....

Please provide your GMC number .....

Please give details of any special dietary requirements you may have:

☐ No Preference ☐ Vegetarian ☐ Vegan ☐ No Pork ☐ No Beef

☐ Other (please advise) _____

Please give details of any special access arrangements you may require due to disability

.....

(Data Protection: By completing this section you are giving the Society explicit consent to use / pass on this information to individuals / organisations relating to health and safety and your wellbeing during the Meeting and associated events).

How did you hear about this meeting? *(Please tick the appropriate box)*

☐ ICS Mailshot ☐ Colleagues ☐ ICS Newsletter ☐ ICS Website ☐ Poster ☐ Advert on non ICS website

☐ Other .....

FOR SOCIETY USE ONLY

Date entered ..... Confirmation/Receipt .....

Payment details ..... Membership No .....

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CLOSING DATE

The closing date for paper registration is **17:00 hours on Thursday 18th October 2012.** Delegates wishing to register after the closing date should telephone the Office by 5.00pm Wednesday 17th October 2012 to check availability or they may be turned away on the day. If there are available spaces, late registrants will be subject to a £10.00 surcharge to cover additional administration costs.

CANCELLATION POLICY AND PAYMENT TERMS AND CONDITIONS

Delegates unable to attend a meeting they have registered to attend must inform the ICS by email to events@ics.ac.uk. Phone cancellations will not be considered. **Please note: registration and payment are non-transferrable.**

If a delegate cancels and requests a refund, the following charges will apply:

- More than 3 weeks prior to the start of the meeting - £5 admin charge will apply
- 3 weeks prior to the meeting (week commencing – Thursday 04th October 2012) - 50% registration fee charges apply
- 2 weeks prior to the meeting (week commencing – Thursday 11th October 2012) - 75% registration fee charges apply
- 1 week prior to the meeting (week commencing – Thursday 18th October 2012) -100% registration fee charges apply

In extenuating circumstances requests will be submitted to the Head of Secretariat for consideration. If cancellation is due to a medical matter, a copy of the medical certificate must be submitted.

Registrations and payments are non-transferable.

Where the delegate's Trust/Hospital will be paying the fee it is the delegate's responsibility to return this form and ensure the ICS receives payment from the Trust/Hospital. Payment must be received by the date of the meeting, or the delegate will be held responsible for payment via cheque or credit/debit card on the day of the meeting.

Debtors who have registered for the seminar and do not attend are nonetheless required to make full payment of the outstanding seminar fees. Non-payment may result in future attendance penalties at ICS events. Please ensure you notify the ICS offices as soon as you are able to do so, note the cancellation policy, which will apply to non attendance.

Firstly, please indicate your membership status

(Please tick)

I am a paid up ICS Member.	☐
I have already submitted a Membership application form and am eligible for the discounted rates. My election is still pending.	☐
I would like to apply for Membership before the ICS Meeting and therefore be entitled to the discounted rates for this Meeting. In order to ensure your registration is processed at the discounted rate, please complete and ensure that the membership form is signed by yourself and two members of the Society where indicated. Please send this along with your registration form. It must be received no later than **17:00 hours on Thursday 18th October 2012** or you will be required to pay the full non-member delegate fee at the Registration Desk.	☐
No, I do not wish to apply for Membership, but do wish to attend the Meeting	☐

Please tick your attendance requirements and return BOTH forms to the ICS office

ICS MEMBERS REGISTRATION FEES	NON-MEMBERS REGISTRATION FEES
Consultant-Standard Booking Booking after Thursday 18th October 2012 £120 ☐	**Consultant**-Standard Booking Booking after Thursday 18th October 2012 £175 ☐
SAS/Trainee/Nurse/AHP's-Standard Booking Booking after Thursday 18th October 2012 £65 ☐	**SAS/Trainee/Nurse/AHP's** -Standard Booking Booking after Thursday 18th October 2012 £95 ☐

 SURNAME _____

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PAYMENT DETAILS

- ☐ Cheque enclosed for the amount of £______________________

  Cheques should be made payable to the 'Intensive Care Society'. Please send payment with completed registration form to: ***The Intensive Care Society, Churchill House, 35 Red Lion Square, London, WC1R 4SG***

- ☐ My trust/hospital will be paying, please invoice me and I will forward the invoice to the Finance Department at my Trust/Hospital ***(It is the delegate's responsibility to return this form and ensure the ICS received payment, not your trust/hospital. Please complete below)***

- ☐ I have completed by Credit Card details *(Please complete below)*

Trust/Hospital Paying *(Note: It is the delegate's responsibility to return this form, not your trust/hospital)*

Please include the 8-digit Purchase Order number to ensure payment from NHS Direct.

Organisation Name: ____ Contact Number: ________________

Address to send invoice: ____

____

Postcode: ______________ Contact Email: _________________________ PO No. (8-digits): 400-_ _ _ _ _

Responsibility for payment lies solely with the delegate. If your Hospital or Trust is paying for your attendance, it is your responsibility to ensure the cheque arrives at the ICS Offices at least 7 days before the meeting starts. Delegates whose record shows an amount outstanding when they come to the Registration Desk, will be asked to supply their credit card details as a guarantee before being granted access to the meeting.

Credit Card Payment

Name of Delegate: _______________________________________ ICS Membership Number: ___________

Address details of cardholder (as on credit card statement): _______________________________________

____

Contact name if different to member / delegate name: ____

Contact Number *(in case of enquiry)*: ____

Please debit my account the sum of: ____

Cardholder's signature: _______________________________ *By signing, I authorise this payment on my credit card*

✂_ _

Credit Card Details: (Please note, we do not accept AMEX or Solo)

Card Type *(master, visa etc)* ____

Card Number ____

Card Issue Date _____________________________ Card Expiry Date ______________________________

Issue Number (*for switch cards only):* ____ CV2 Number *(3 digit number on signature strip)*: ______

Name on Card *(exactly as appears on the card)*: ____

This form MUST NOT be emailed – Please ONLY Post or fax due to security reasons to:
The Intensive Care Society, Churchill House, 35 Red Lion Square, London WC1R 4SG
Fax: +44 (0)20 7280 4369 In case of enquiry Tel: +44 (0)20 7280 4350

 SURNAME ______________________________