Scottish Society of Physicians 59th Annual Meeting

Thursday 26 & Friday 27 October 2017
Drumossie Hotel, Inverness

Registration Form

Title (Dr, Prof, Mr, Mrs, Miss) _____ **First Name:**_____ **Surname:** _____

Postal Address: _____

_____

_____

Postcode: _____ **Email:** _____

Tel: _____ **Specialty:** _____

Job Title: _____

Special Dietary Requirements: _____

	Fee		Fee enclosed
MEETING FEE OPTIONS:			
FULL MEETING PACKAGE (FULL MEETING ON THURSDAY 26 & FRIDAY 27 OCTOBER, LUNCH ON BOTH DAYS AND THURSDAY EVENING DINNER):			
SSP MEMBERS	£180		
NON MEMBERS	£200		
TRAINEE/NON-MEDICAL STAFF	£160		
TRAINEE SESSION (THURSDAY MORNING)	FREE		
PART-MEETING: THURSDAY 26 OCTOBER 2017 (INC. LUNCH):			
SSP MEMBERS	£80		
NON MEMBERS	£90		
TRAINEE/NON MEDICAL STAFF	£75		
PART-MEETING: FRIDAY 27 OCTOBER 2017 (INC. LUNCH):			
SSP MEMBERS	£80		
NON MEMBERS	£90		
TRAINEE/NON MEDICAL STAFF	£75		
SOCIAL EVENTS/GUEST TICKETS:			
SOCIETY DRINKS RECEPTION AND DINNER THURSDAY 26 0CT0BER 2017	£45	No. of tickets: _____ Names of accompanying guest(s):	
GUESTS' LUNCH TICKETS THURSDAY 26 OCTOBER 2017	£10	No. of tickets: _____	
GUESTS' LUNCH TICKETS FRIDAY 27 OCTOBER 2017	£10	No. of tickets: _____	
TOTAL ENCLOSED			

Accommodation:

Discounted accommodation is available at the Drumossie Hotel. Please contact the hotel directly (0344 879 9017) and state that you are attending the Scottish Society of Physicians Annual Meeting and the rate offered of £96.80 (single occupancy).

All discounted rooms will be automatically released on **Wednesday 13 September 2017**.

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Payment

PAYMENT OPTIONS

Please indicate method of payment: ☐ Cheque ☐ Credit card ☐ Invoice

Cheque: Cheques should be made payable to the **Royal College of Physicians of Edinburgh** and drawn in £ Sterling. Quote ref: **MD/17/SSPAGM** and your name on reverse of cheque**.**

Credit card: If paying by credit card, please complete:

PLEASE NOTE WE CANNOT ACCEPT CARD DETAILS BY EMAIL – PLEASE FAX, OR POST

AMERICAN EXPRESS / DELTA / MAESTRO / MASTERCARD / VISA (delete as appropriate)

Card no.: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ **Issue no:** ☐☐

Start ☐☐☐☐ **Expiry** ☐☐☐☐ ***Security code:** ☐☐☐☐

Amount: _____

**The Security Code is the last 3 digits of the number on the signature strip; American Express cards carry a 4 digit number on the face.*

Name on card: _____ **Signature:** _____

Invoice: If you wish us to invoice an employer or other organisation please enclose a separate letter with full contact details.

Please return this form with your payment to:

Stephanie Hough, Scottish Society of Physicians, Society Administrator, c/o Royal College of Physicians of Edinburgh, 9 Queen Street, Edinburgh, EH2 1JQ Tel: + 44 (0) 131 247 3687 FAX: 0131 226 6124 Email: ssp.admin@rcpe.ac.uk

Data protection: Your details will be stored on a database for the purposes of organising these meetings 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 contact you about educational events, please tick this box: ☐

If you DO NOT want the College to contact you with information about other College activities, please tick this box: ☐

Cancellation of Registrations

If you should have to cancel your participation at this meeting before Friday 6 October 2017, 90% of the registration fee will be refunded to you, thereafter no refund will be given.