

Attendance Application Form

Surname..... First..... Title (Dr/Prof etc).....

Tel no..... **Email**.....

Address.....

Town.....County.....Postcode.....

Special Dietary requirements:.....

****Please ensure that you complete your workshop choices form on the attached page****

PAYMENT

<u>Registration Fee</u>	£275.00	£
<u>Non-Members Fee</u> (additional payment if not currently member of PCR)	£ 100.00	£
<u>Registrar/Trainee/Nurse/OT Discount</u>	-£100.00	£
<u>Thursday Evening – Supper</u>	£25.00	£
<u>Social Member/Guest Attendance (Supper Thursday evening only)</u>	£35.00	£
<u>Friday Evening – Conference Dinner</u>	£50.00	£
<u>Social Member/Guest Attendance (Dinner Friday evening only)</u>	£60.00	£
<u>Saturday – Optional packed Lunch on departure</u>	£9.00	£
<u>Total amount due</u>		£

- **Direct Credit** £..... (please give your name as reference)

Sort Code: 20-61-46 Account Number: 80379298

- **Credit Card** £..... by Mastercard/Visa (please delete as appropriate)

Card no: | | | | | | | | | | | | | | | | | | Expiry Date: | | Year: | |

CSC | | | (3 digits from back of card) Signature.....

- **Cheque** £..... made payable to PCRMM Society

IMPORTANT - Please complete workshop choices overleaf/

**Workshops - Please number each section 1- 11
(1 = first choice)**

Workshop Sessions	
• Joint Injections – using models	
• Core Skills	
• Podiatry	
• Osteoporosis	
• Keele Pain Recorder App and Opioid Withdrawal	
• Ultrasound	
• Promoting improved services for IAPT for Long Term Conditions	
• National Institute for Health Research	
• Health Policy	
• Paediatric Rheumatology	
• Evidence based guidelines for managing MSK conditions	

Once completed please return both pages of this form to:
Helen Livesley, PCR Society, PO Box 42, Northallerton, N Yorkshire DL7 8YG