**9 December 2016 - SEMS Meeting**

**SEMS Medico-Legal and Anti-Doping Issues - a Pandora’s Box**

*(FSEM UK, Law Society and Bar Standards Board CPD Accreditation to be sought)*

**The Royal College of Surgeons, Lincoln’s Inn Fields. London, UK**

**DELEGATE BOOKING FORM**

Please complete the booking form below and return this together with your meeting fee to MedEduCare at the address below.

**PERSONAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name**  (please print clearly) |  | | |
| **Title** |  | | |
| **Profession** |  | | |
| **Email Address**  (please print clearly) |  | | |
| **Contact Address**  (also used for meeting DVD) |  | | |
|  | | |
| **Town** |  | **County** |  |
| **Postcode** |  | **Country** |  |
| **Telephone** (work) |  | **Mobile** |  |

**DELEGATE MEETING FEE**

**Standard rate (*on all bookings received after 30 September 2016*) £180**

This fee includes attendance at all presentations, **all meeting documents**, **refreshments**, **hot buffet lunch**, **attendance certificate** with **CPD accreditation** and **meeting DVD** with meeting presentations uploaded, sent to you after the day.

|  |  |  |  |
| --- | --- | --- | --- |
| **Attendance choice:** | **Fee** | **Number of places required** | **Total due** |
| **Standard** | **£180** |  |  |

Please send your full fee and completed booking form to: MedEduCare, c/o 180 Beaconside, South Shields. Tyne and Wear NE34 7PU Email: mededucare@gmail.com

**Please note:** Cheques should be made payable to **“MedEduCare”**

**BACS Transfer: MEDEDUCARE**

**Lloyds Bank Sort Code: 30-97-89 Account Number: 33359660**

**TOTAL FEE ENCLOSED** £

**PLEASE NOTE:**

**1.** Delegate contact details will be retained by “MedEduCare” for processing requirements under the Data Protection Act 1998. **These details will not be passed to any third party without your permission.** You can elect not to receive information concerning any future MedEduCare event by ticking the box below.

**I do not want to receive information concerning future MedEduCare events □**

2. Limited places are available for this meeting and bookings will be dealt with on a “first come-first served” basis.

3. Your booking is confirmed only on receipt of the full meeting fee. This should accompany your completed booking form.

**4.** Please make cheques payable to **“MedEduCare”** and send with your completed booking form to **MedEduCare c/o 180 Beaconside, South Shields, Tyne and Wear NE34 7PU**

**5.** A full refund, less a £30 administration fee, will be made if written cancellation is received two weeks prior to the meeting date. No refunds will be made after this time.

**DIETARY NEEDS:**

**Vegetarian: □ Vegan: □** **Nut Allergy □**

**Other** (please specify):

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**GENERAL:**

**How did you hear about this meeting?**

**FSEM email/website: □** **Barry Hill email: □**

**Law Society email/website: □** **Bar Standards Board email/website: □**

**RSM SEM website □ London Deanery website □ BASEM website □**

**Other** (please specify):

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