



**THE BRITISH NEUROPSYCHIATRY ASSOCIATION TEACHING WEEKEND**  
**8th, 9th and 10th December 2017**  
**Mathematical Institute, University of Oxford**

**BOOKING INFORMATION**

**Registration Fees** The weekend registration fee is **£415** which **INCLUDES** attendance at all **SESSIONS**, course **HANDBOOK**, 2 nights bed and breakfast ensuite **ACCOMMODATION**, coffee/tea, **DINNER FRIDAY** evening and **LUNCH SATURDAY**.

**N.B. THERE IS NO PARKING AVAILABLE ON SITE.**

Spaces are very limited and will be allocated on a first come first served basis. Please book early to avoid disappointment.

Registration will be considered final only after the registration form and the **FULL** fee has been received.

**Payment** Payment can be made by cheque made payable to:  
The British Neuropsychiatry Association or credit card (VISA, Mastercard, AMEX or Switch only).

We do not invoice places of work or institutions for registration fees. It is preferable for delegates to pay for themselves and then claim reimbursement from their employers.

**Cancellations** Cancellation of registration should be made in writing to the BNPA office. Refunds will be made accordingly as follows:

1 October - 31 October Full

1 November - 30 November 50%

1 December - 8 December None

All refunds will be processed after the course.

**Confirmation** A letter of confirmation will be sent by email to those who have forwarded their registration form and payment.

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**8th, 9th and 10th December 2017 - REGISTRATION FORM**

**RETURN TO:**

**Administrator**

Jackie Ashmenall

St Aidan, Ealing Green, Ealing

London W5 5EN

**Tel:** +44 (0) 20 8579 0543

**MB:** 07940 591 096

**Email:** [hello@bnpa.org.uk](mailto:hello@bnpa.org.uk)

**Website:** [www.bnpa.org.uk](http://www.bnpa.org.uk)

NB: BOOKINGS CANNOT BE TAKEN OVER THE TELEPHONE

**PERSONAL DETAILS**

D.O.B.....Title .....First Name.....

Surname.....

Place of work.....

Speciality:    Psychiatry     Neurology     Other (*please indicate*):

Mailing address:.....

Town..... Post code.....

Email.....Tel.....

Special requirements:

**PAYMENT DETAILS. Places can only be reserved when payment is received with this form.**

I enclose a cheque for **£415** (Please make cheques payable to The British Neuropsychiatry Association)

Please debit my VISA/Mastercard/AMEX/Switch (circle as appropriate) for **£415**

Card number \_\_\_\_\_

Expiry Date \_\_\_\_\_ issue number or start date (Switch only) \_\_\_\_\_

Name as appears on card \_\_\_\_\_

Signature \_\_\_\_\_