

National District Nurses Conference

Tuesday 10th December 2019, Manchester Conference Centre

DELEGATE BOOKING FORM

ORGANISATION _____

ADDRESS _____

PHONE NO. _____

Delegate 1

Delegate 2

Name

Position

Email

Special Requirements
(including Dietary)

RESERVATIONS

Please send completed booking form

National Performance Advisory Group

East of England Ambulance Service NHS Trust

Orchards, Broomfield, Chelmsford, Essex, CM1 7WS

Tel: 01245 544600

Email: gemma.aitchison@npag.eastamb.nhs.uk

INVOICING

If the invoice address is different from that above please enter address below:

PLEASE TICK TO INDICATE YOUR SELECTION:

£95 NHS Early Bird Rate (Bookings must be received by the 31st October 2019)

☐

£145 Standard Delegate Rate

☐

£200 Private Organisation

☐

NPAG National District Nurses Network Member

☐

REGISTRATION CONDITIONS: Please visit our website for our full booking conditions: www.npag.org.uk.

ALL cancellations must be in writing. Once receipt of your booking form is confirmed a refund will not be made in the event of a cancellation. A substitute is acceptable. NPAG cannot be held responsible for any travel expenses or accommodation costs in the event of a cancellation or postponement of a meeting, workshop or an event.

In registering to attend the National District Nurses Conference 2019 you will also be added to our NPAG contacts database. You will receive a copy of our monthly NPAG Newsletter and we may also send you more general information about our services, new products and offers. You can update your subscription preferences at any time via info@npag.eastamb.nhs.uk. Your details may also be shared with third party conference speaker, sponsor or delegate.

Please tick as appropriate:

☐ I am happy for my contact details to be shared with third party conference speakers, sponsors and delegates

I confirm that I have read and agree to the REGISTRATION CONDITIONS and would like to register as a delegate for the **National District Nurses Conference 2019**

Authorisation Signature _____

Purchase Order Number _____

Date _____