

# REGISTRATION FORM

National Performance Advisory Group

## NATIONAL DISTRICT NURSES NETWORK 2020-21

Organisation

Address


Are you a member of another NPAG Networking Group? (Please tick)

Y

N

Member 1 for a £500 Fee (4 meetings)

Member 2 for a £295 Fee (4 meetings)

Name

Job Title

Email

Special Requirements (Dietary / Access)

Phone No.

PA Details


### Registrations

Please send your completed registration form to:

**East of England Ambulance Service NHS Trust**

**National Performance Advisory Group**

**Hospital Approach**

**Broomfield, Chelmsford, Essex, CM1 7WS**

Tel: 01245 544600

Email: [victoria.combes@npag.eastamb.nhs.uk](mailto:victoria.combes@npag.eastamb.nhs.uk)

Web: [www.npag.org.uk](http://www.npag.org.uk)

### Invoicing

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

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### REGISTRATION CONDITIONS:

A VAT invoice will be issued. VAT Registration No. 654 9195 01. VAT applies to any NHS organisation outside England and to any non-NHS organisation.

Payment is due on receipt of invoice. DO NOT send payment in advance of receipt of invoice. When invoice is received, payment should be made to 'East of England Ambulance Service NHS Trust.'

ALL cancellations must be in writing. Cancellations received within 14 days of receipt of the registration form will receive a full refund. After this date refunds cannot be made. 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 event.

A 20% discount will be applied when an existing NPAG member joins an additional Group. This does not apply to the £295 second member rate. As a registered contact you will receive our monthly NPAG Newsletter. Additionally, we may also send you more general information about our services, new products and offers. If you would prefer not to be contacted outside of your membership please tick here

I confirm that I have read and accept the above REGISTRATION CONDITIONS and would like to register as a member of the **National District Nurses Network 2020-2021**. Please invoice me for payment.

Authorisation Signature ..... Purchase Order Number.....