REGISTRATION FORM

Operating Theatre Managers Best Value Group 2023-24

NHS
National Performance Advisory Group

Organisation

Address

If you are a member of another NPAG Networking Group, to activate your discount please indicate which one here:

	Member 1 for a £595 Fee (x3 F2F & x1 MS Teams meetings)	Member 2 for a £295 Fee
Name		
Job Title		
Email		
Special Requirements (Dietary / Access)		
Phone No.		
PA Details		

Registrations
Please email your completed registration form to:
E: info@npag.eastamb.nhs.uk
W: www.npag.org.uk
National Performance Advisory Group
East of England Ambulance Service NHS Trust
Hospital Approach
Broomfield, Chelmsford, Essex, CM1 7WS

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

_____

_____

_____

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 25% 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 **'Operating Theatre Managers' BVG.** Please invoice me for payment.

Authorisation Signature …………………………………………… Purchase Order Number……………………………………………

CPD MEMBER
The CPD Certification Service