



**12th PCCS ANNUAL SCIENTIFIC MEETING & AGM
'MAKING CHANGE HAPPEN'**

THE CROWNE PLAZA HOTEL, NOTTINGHAM

THURSDAY 1st / FRIDAY 2nd / SATURDAY 3rd OCTOBER 2009

**DELEGATE REGISTRATION FORM
PLEASE PRINT CLEARLY**

Name: _____ **Membership No.:** _____

Address: _____

_____ **Postcode:** _____

E-mail: _____ **Tel No:** _____
Required for confirmation etc..

THURSDAY 1st/FRIDAY 2nd/SATURDAY 3rd OCTOBER 2009

Tick Relevant Boxes Below

- **Full Member delegate rate** GPs/Pharmacists-£340 Nurses-£320 (3 day meeting, dinner, accomm.)
- **Associate/Non-member** GPs/Pharmacists-£390 Nurses-£350 (3 day meeting, dinner, accomm.)

THURSDAY 1st OCTOBER 2009

- **Full Member delegate rate** GPs/Pharmacists-£185 Nurses-£165 (All day meeting, dinner, accomm.)
- **Associate/Non member** GPs/Pharmacists-£195 Nurses-£175 (Afternoon from 3pm, dinner, accomm.)
- I will attend the GPSI GP Group meeting (*full members only*)
- I will attend the CVNL Nurse meeting (*full members only*)
- I will attend the Anticoagulation Group meeting (*full members only*)
- I will attend the CVPG Pharmacist Group (*full members only*)
- I wish to register for the **day delegate rate** of £75 (*No Dinner/No Accommodation*)

FRIDAY 2ND/SATURDAY 3RD OCTOBER 2009

- **Full Member delegate rate** GPs/Pharmacists-£195 Nurses-£175 (2 day meeting, dinner, accomm.)
- **Associate/Non-member** GPs/Pharmacists-£245 Nurses-£205 (2 day meeting, dinner, accomm.)
- I wish to register for the **day delegate rate** of £75 (*No Dinner/No Accommodation*)
- I enclose an additional £75 for my partner to attend the dinner and stay overnight

(Name of Partner) _____

Any Special dietary requirements: _____

Please complete this form & send it with a cheque for the requisite amount, made payable to the 'PCCS'

To..
PCCS Offices
36 Berrymede Road
London W4 5JD

PLACES WILL NOT BE SECURED UNTIL PAYMENT IS RECEIVED
Cancellations after 14th September 2009 will be non-refundable