Delegate Registration Form

Caring for Women, Caring for Midwives

Thursday 1st March 2012

DELEGATE INFORMATION (Please use BLOCK CAPITALS)

Title (Ms/Mrs/Miss/Mr/Other):

*First Name:

*Last Name:

Job Title:

Organisation:

*Address:

*Postcode:

*Tel. No: Mobile:

*Email:

Special Dietary Requirements:

Please tick if you are not willing to have your name & organisation on the delegate list. ☐

RCM Student Member		**£26.00** incl. vat	*RCM M/Ship No:	
RCM Member		**£52.00** incl. vat	*RCM M/Ship No:	
Standard Ticket		**£62.00** incl. vat		

HOW TO PAY

By Cheque: I attach a cheque payable to 'RCM UK Board for Wales' to the value of £

By Credit Card: Please debit £ from my;

Type:	MASTERCARD / VISA / VISA DEBIT / MAESTRO															
*Card No:																
*Expiry Date:									*Issue No:							
*Name on Card:																
*Cardholder's Address: (If Different from above)																
*Postcode:																

*Signed: *Dated:

For multiple delegates / group bookings, please call 02920 228111

Please return form to: **RCM Conference Coordinator, RCM UK Board for Wales**
4 Cathedral Road, Cardiff. CF11 9LJ

**Mandatory Fields*

Terms and Conditions

This booking form constitutes a legally binding agreement. Payment must be received in full before the event. **Please note** that due to circumstances beyond RCM UK Board for Wales' control, speakers and timings may vary. We reserve the right to cancel the conference if necessary and issue a full refund of fees. We are not responsible for the non-arrival of confirmation documents: if, by 7 days prior to the conference you have not heard from us, please contact us using the telephone number on the flyer. All cancellations must be made in writing. Cancellations received before 31st January 2012 will be charged a £25-00 administrative fee. No cancellations will be refunded after 1st February 2012; non arrivals will be liable for the full fee. Substitutions will be accepted in writing until 12pm midday, 29th February 2012.