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| **Registration Form**  Thursday 18 – Friday 19 January 2024  **National Oceanography Centre, European Way,**  **Southampton SO14 3ZH**  Please complete and email to dawn.campbell@ed.ac.uk by **Friday 29 December 2023**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Delegate Details | | | | | | **Title:** |  | | | | | **First name:** |  | | | | | **Surname:** |  | | | | | **Job title:** |  | | | | | **Organisation:** |  | | | | | **Address:** |  | | | | | **Postcode:** |  | | **Telephone:** |  | | **Email:** |  | | | | | **Special dietary requirements:** | |  | | |  |  |  | | --- | --- | | Booking Details | | | **Non-consultants** | **Consultant** | | **Forum £ 70** | **Forum £170** | | **Forum and Dinner £120** | **Forum and Dinner £220** | | *All prices are inclusive of VAT, where applicable. One day rates are available on request – please contact dawn.campbell@ed.ac.uk* | |  |  | | --- | | Payment |  |  | | --- | | **I have paid by debit/credit card** *(using the following link:* *https://edin.ac/3PorXQX)*  ***Payment is due in advance of the Forum.***  ***Your booking will not be confirmed until your payment has been received.*** |      |  | | --- | | Cancellation policy | | A full refund for cancelled places will only be given if we are informed by email **at least 7 days prior** to the event. No refund will be given to places cancelled **less than 7 days** prior to the event or to **no shows** on the day. |   **Payment options**  **Payments by debit/credit card:**  Complete the online Registration Form and make your payment using the epay facility which can be accessed here:  [**https://edin.ac/3PorXQX**](https://edin.ac/3PorXQX)   1. Once payment has been made, you will receive an automated email to confirm that your payment has been accepted (please note that this may take a few minutes to come through). 2. Once your payment has cleared in our account, we will email you confirmation of your booking along with the venue location map and a list of suggested hotels nearby.   *Please note: we are unable to invoice your hospital/Trust/organisation in advance of payment.*   |  | | --- | | **For internal use only** | | **Registered** A  D | | **Payment** Credit card  Date paid Nurs | | **Confirmation sent** | |