

Scottish Trauma Audit Group

2016 National Meeting

Friday 11th November 2016

Scottish Health Service Centre

Crewe Road South

Edinburgh

EH4 2LF

*DELEGATE BOOKING FORM*

Copies of all registration forms must be sent to NSS.isdstag@nhs.net or posted to:

**Sue Hewitt**

**STAG Conference Organiser**

NHS National Services Scotland

Area 114C

Gyle Square

1 South Gyle Crescent

Edinburgh EH12 9EB

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| **How to book** | | | | | | | | | | | |
| **Complete booking form below and Email to NSS.isdstag@nhs.net or post to:**  **Sue Hewitt, STAG Conference Organiser, Area 114C, NHS National Services Scotland, Gyle Square, 1 South Gyle Crescent, EDINBURGH EH12 9EB** | | | | | | | | | | | |
| **Bookings will be confirmed by email on receipt of payment.** | | | | | | | | | | | |
| **Further copies of this registration form can also be downloaded from the STAG website:** [**http://www.stag.scot.nhs.uk**](http://www.stag.scot.nhs.uk) | | | | | | | | | | | |
| Your details (please complete a new form for each delegate) | | | | | | | | | | | |
|  |  |  |  | | |  | |  | | | |
| **Title:** |  | **First name:** |  | | | **Surname:** | |  | | | |
| **Designation:** | |  | | | | | | | | | |
| **Organisation:** | |  | | | | | | | | | |
| **Address:** | |  | | | | | | | | | |
|  | |  | | | | | | | | | |
| **Postcode:** | |  | | | | | | | | | |
| **Email:** | |  | | | | | | | | | |
| **Please write your email address clearly as confirmation will be sent via email** | | | | | | | | | | | |
| **Telephone:** | |  | | | | | | | | | |
| **Special Requirements:** | |  | | | | | | | | | |
| **Purchase Order number:** | |  | | | | | | | | | |
| Please tick the package you would like to book. Please note that there are limited places available for accommodation so early booking is advisable. | | | | | | | | | | |
|  | | | | **Medical Trainees** | **Consultants** | | **Nurses/AHPs/Other** | | **£**  **Due** | |
| **Day Delegate Rate:** Attendance, including lunch/refreshments | | | |  |  | |  | |  | |
|  | | | | £80 | £120 | | £50 | |  | |
| **Late Booking Fee charge (after 21st October)** | | | | £40 | £40 | | £40 | |  | |
|  | | | | **TOTAL DUE £** | | | | | |
| Methods of Payment | | | | | | | | | | | | |
| **Payment can be made via online payment or by invoice on receipt of a valid Purchase Order.**  **Please tick the relevant box to indicate how payment will be made**  **1): Online Payment**  <http://www.nhsnss.org/payment>  **Please ensure that the conference name (STAG Conference) and date is entered in the payment reference field and that the delegate name is entered into the description field.**  **2): Invoice Required**  **Purchase Orders** should be issued to:  NHS National Services Scotland  Financial Services  Gyle Square  1 South Gyle Crescent  EDINBURGH EH12 9EB  Quoting ref **“STAG Conference”** and the **delegate’s name**.  Please quote the PO number on your registration form. | | | | | | | | | | | | |
| **BACS Payment to:**  ACCOUNT NAME: **National Services Scotland**  SORT CODE: **60-70-80**  ACCOUNT NUMBER: **10019316**  SWIFT NUMBER: **NWBKGB2L**  IBAN NUMBER: **GB90NWBK60708010019316**  BANK NAME and ADDRESS:  **National Westminster Bank 280 Bishopsgate, London, EC2M 4RB**  **Reference: PLEASE QUOTE INVOICE NUMBER, STAG Conference & DELEGATE’S NAME ON ALL PAYMENTS** | | | | | | | | | | | | |
| **Please send remittance advice to:**  NHS National Services Scotland  Treasury Team  Financial Services  Gyle Square  1 South Gyle Crescent  Edinburgh  EH12 9EB  Fax: 0131 275 752  Email: **NSS.Treasury@nhs.net**  **(Please include invoice number on remittance to ensure correct allocation of**  **payment)** | | | | | | | | | | | | |
| All payments must be received prior to the Conference. | | | | | | | | | | | | |

**Terms and Conditions**

All delegates will be required to pay the appropriate fees in advance of the Conference. Invoices will be issued on receipt of a Purchase Order.

We cannot be held responsible for the non-arrival of booking information, therefore, if you have not heard from us by Friday 4th November, you should contact us on 0131 275 6388.

**Please note:**

A late booking registration fee of £40 will be payable for bookings made after the 21st October 2016.

**Cancellations/Refunds**

Refunds of 50% can be given up to the 14th October, or substitutions can be made.

**Please note that no name changes will be accepted after Friday 4th November 2016.**