

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 ScotlandFinancial ServicesGyle Square1 South Gyle CrescentEDINBURGH EH12 9EBQuoting 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 ScotlandTreasury TeamFinancial ServicesGyle Square1 South Gyle CrescentEdinburghEH12 9EBFax: 0131 275 752Email: **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.**