

Your details: (as primary contact)

First name:

Title:





Job Title/Role

NHS Foundation Trust

Second Annual Conference of the Centre for Autism, Neurodevelopmental Disorders and Intellectual Disability (CANDDID) Cheshire and Wirral Partnership NHS Foundation Trust

Friday, 1st May 2020

Holiday Inn | Central Island Waterways Lower Mersey Street | Ellesmere Port | Cheshire | CH65 2AL

DELEGATE BOOKING FORM

Surname

Telepho	one		Email			
Organis	sation					
Organis Addres	sation s:					
				Postcode:		
Addi	Additional Delegates: (please include all delegates attending from your organisation on one form)					
Title:	First name:	Surname	Job Title/Role	Email		
	ry requirements: at here any specific dietary ents:					

Sponsored by:









Conference Programme (Opt-in seminars and workshops)								
All bookings will be confirmed by email on receipt of the completed booking form and payment in full.			Delegate Initials (Please indicate your preference of session by marking as 1 st 2 nd or 3 rd)					
MORNING SESSIONS	Seminar 1 – Improving educational outcomes for children who experience developmental disorders							
11:00 to 12.30	Seminar 2 – Neurofibromatosis Type 1							
	Seminar 3 – Diagnosis and treatment of ADHD in adults with intellectual disability – clinical challenges							
AFTERNOON SESSIONS	Seminar 4 – Foetal Alcohol Syndrome – Diagnosis and management							
13.30 to 14.30	Seminar 5 – Pharmacological treatments in ADHD – practical considerations and monitoring							
	Seminar 6 – Non-pharmacological treatment of ADHD							

Early Bird Booking:

(booking form and full payment must be received before 28th February 2

Standard Day Rate:

Sub Totals:

Delegate Attendance Rates					
Family carers/ Self- advocates	Students and Charities	Public Sector			
	£75	£90	£135		
£45	£90	£120	£165		
£	£	£	£		

TOTAL DUE 5

	TOTAL DOLL				
All registration forms must be sent cwp.canddid@nhs.net or posted to: Angela Hughes, Conference Organiser - CANDDID@ CWP NHS Foundation Trust CANDDID Office, Redesmere HQ, Ground Floor, COCH Health Park, Chester CH2 1BQ Cheshire					
Payment Methods:					
Purchase Order Reference/Numb	please include copy of PO with booking form				
Cheque: I enclose a Cheque for £ payable to Cheshire & Wirral Partnership NHS Foundation Trust, in full payment.					
Credit Card:	CWP Staff ONLY: Budget Code :				
Please debit my card number: Master Card: Card Number:					
Visa: Expiry Date:	Security Code:				
Signature:	Print Name:				

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/Payment which is to be accompanied with the return of your booking form.

We cannot be held responsible for the non-arrival of booking information, therefore, if you have not heard from us by 15 April 2020 you should contact us direct on (01244) 393179.

Bookings close on Friday 24th April 2020.

Registered Address of Card:

Mobile Number: _

Personal details will not be used for any other purpose than for that of the CANDDID Conference. To view how we protect your information, see our policy notice via this link: https://tinyurl.com/tguz8mr.

_Telephone Number:

Office Use Only:

Post Code:

Email:

Form Received Payment Rec'd Booking confirmed