

Attendance Application Form

Surname..... First..... Title (Dr/Prof etc).....

Tel no..... **Email**.....

Address.....

Town.....County.....Postcode.....

Special Dietary requirements:.....

Please ensure that you complete your workshop choices form on the attached page

PAYMENT

<u>Registration Fee</u>	£275.00	£
<u>Non-Members Fee</u> (additional payment if not currently member of PCR)	£ 100.00	£
<u>Registrar/Trainee/Nurse/OT Discount</u>	-£100.00	£
<u>Thursday Evening – Supper</u>	£25.00	£
<u>Social Member/Guest Attendance (Supper Thursday evening only)</u>	£35.00	£
<u>Friday Evening – Conference Dinner</u>	£50.00	£
<u>Social Member/Guest Attendance (Dinner Friday evening only)</u>	£60.00	£
<u>Saturday – Optional packed Lunch on departure</u>	£9.00	£
<u>Total amount due</u>		£
<ul style="list-style-type: none"> • Direct Credit £..... (please give your name as reference) <p style="margin-left: 40px;">Primary Care Rheumatology & Musculoskeletal Medicine Society (PCRMM) Sort Code: 20-61-46 Account Number: 80379298</p>		
<ul style="list-style-type: none"> • Credit Card £..... by Mastercard/Visa (please delete as appropriate) <p>Card no: _ _ _ _ _ _ _ _ _ _ _ _ Expiry Date: _ _ Year: _ _ </p> <p>CSC _ _ _ (3 digits from back of card) Signature.....</p>		
<ul style="list-style-type: none"> • Cheque £..... made payable to PCRMM Society 		

IMPORTANT - Please complete workshop choices overleaf/

Workshops - Please number each section 1- 11

(1 = first choice)

See Programme for more details of the workshop aims and objectives

• Joint Injections – using models	
• Podiatry	
• Osteoporosis	
• The opioid crisis in general practice: a practical for approach to making a difference!	
• Ultrasound	
• Evidence based guidelines for managing MSK conditions	
• Implementing NIHR Research: Moving Forward - Physiotherapy for Musculoskeletal Health and Wellbeing	
• All of our business: mental health and MSK	
• Health Policy	
• Paediatric Rheumatology	
• Incorporating FCP into the Workforce	

Once completed please return both pages of this form to:

Helen Livesley, PCR Society, PO Box 42, Northallerton, N Yorkshire DL7 8YG

Email – helen@pcrsociety.org