

COGNITIVE BEHAVIOUR THERAPY WITH CHILDREN AND FAMILIES: MAKING CBT WORK FOR INDIVIDUALS, FAMILIES, PRACTITIONERS AND SERVICES 2 – 4 DECEMBER 2009, SELSDON PARK CONFERENCE CENTRE

Please complete and return to: ACAMH Conference Department, 39-41 Union Street, London SE1 1SD
Phone: 020 7403 7458 Fax: 020 7403 7081 Email: ingrid.king@acamh.org.uk

Name: **Title:** Professor/Dr/Mr/Mrs/Ms/Miss

Details as you would like them to appear on your badge – please print in capitals:

Job title:

Organisation:

Work address:

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Telephone number:

Email:

Address for correspondence (if different):

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.....
.....

Telephone number:

Email:

Please indicate special dietary or access requirements:

REGISTRATION CATEGORY

ACAMH member BABCP member Non-member Student*

* in order to be entitled to the student fee a copy of a valid student identity card must be enclosed with this registration form.

PRE-CONFERENCE WORKSHOP REGISTRATION

Registration Fee: Early rate*: £ Late rate: £ Student rate: £

First Preference Workshop:..... Second Preference Workshop:

Total Pre-Conference Fees:

IN-CONFERENCE REGISTRATION

Registration Fee: Early rate*: £ Late rate: £ Student rate: £

Required Attendance: Both days: £ Thursday only: £ Friday only: £

Parallel Session Preferences:

Thursday Morning: First Preference: Second Preference:

Thursday Afternoon: First Preference: Second Preference:

Friday Morning: First Preference: Second Preference:

Friday Afternoon: First Preference: Second Preference:

Total In-Conference Fees:

* early rate available until 16 November 2009; thereafter late rate will apply

RESIDENTIAL CONFERENCE PACKAGE

The discounted rate includes the conference dinner on Thursday evening and overnight accommodation on Thursday night with breakfast on Friday morning

[] residential conference package (3 December) @ £95 per person

ACCOMMODATION

Single en-suite bed and breakfast @ £78 per night at the conference centre

[] Tuesday 1 December [] Wednesday 2 December [] Thursday 3 December [] Friday 4 December

NB: for double and twin room preferences and rates, please telephone the ACAMH conference department

CONFERENCE DINNER

[] Three-course conference dinner with live entertainment @ £29.50 per person (drinks charged separately)

FINAL PAYMENT TOTAL (to include all conference, accommodation and dinner charges): £

PAYMENT DETAILS

[] Payment by cheque I enclose a cheque for £ (payable to ACAMH)

[] Payment by credit card Visa/Mastercard/Eurocard/Maestro/AmEx (we cannot accept Electron)

Please charge £..... to my.....card Expiry date:...../.....

Name on card :..... Valid from:...../.....

Card Number :..... If Maestro - Issue number...../.....

CCV (last 3 digits on back of card):

Cardholder's billing address:

.....

Signed..... Date.....

[] Payment by invoice

Please note that invoices can only be issued if an official order, or confirmation on headed paper accompanies this booking form. Requests for invoices submitted without an order or confirmation will be returned. A receipt will be issued for all payments.

NB Confirmation will be mailed out to all delegates who enclose their fee/invoice order. If you have not received notification one week before the event, please contact the ACAMH Conference Department to confirm that we have received your registration.

Cancellations made up to two weeks before the conference, will attract a full refund less a £10.00 administration charge. Cancellations made after this date will be offered no refund.

Data Protection Act: by signing this application, I agree to ACAMH keeping data about me for the administration of training courses and conferences. All data held by ACAMH is not revealed to any individual or organization other than that required by statute.