**Ageing and Psychiatry Conference, Oxford 2015**

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| **First Name** |  |
| **Surname** |  |
| **Email Address** |  |
| **Postal Address** |  |
| **University/Deanery at time of conference** |  |
| **Position at time of conference** (select one) | [ ]Medical Student [ ]F1 doctor [ ] F2 doctor [ ] CT1 psychiatry [ ] CT2 psychiatry [ ] CT3 psychiatry |
| **Any dietary requirements?** |  |
| **Applying for travel bursary?** Please specify details of claim up to £50. (Limited fund for delegates unable to access funds from other sources; allocated at conference organisers’ discretion. Receipts required) |  |
| **How did you hear about the conference?** |  |

Places are allocated on a first-come-first-served basis to doctors and medical students at all stages of training up to CT3. Places are highly competitive and a fee of £50 will be charged to delegate who rescinds their place after the 14th September 2015.

I would like to reserve a place on the Ageing and Psychiatry Conference at Wolfson College Oxford on the 28th September 2015. I understand that I will be charged £50 if less than 2 weeks’ notice is given of cancellation. My Clinical/Educational Supervisor(s) have given approval for me to attend this conference.

**Signature:**

**Name (Printed): Date:**