

# Registration Form

You can register online at [www.nhivna.org](http://www.nhivna.org)

Please complete and return the form to:

Mediscript Ltd 1 Mountview Court, 310 Friern Barnet Lane, London N20 0LD or Fax: +44 (0)20 8446 9194

Prof / Dr / Mr / Mrs / Miss / Ms (please circle) Family name: \_\_\_\_\_

First name: \_\_\_\_\_ Position: \_\_\_\_\_

Institution: \_\_\_\_\_ Town/City: \_\_\_\_\_

Please complete all sections in BLOCK CAPITALS. The above information will be used on your badge.

Correspondence address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Vegetarian:  Other (please specify): \_\_\_\_\_

REGISTRATION FEE:	Discounted rates for NHIVNA members		Rates for non-NHIVNA members <sup>†</sup>	
	Early (up to 31 March)	Late (after 31 March)	Early (up to 31 March)	Late (after 31 March)
Band 1–4 <sup>1</sup>	£180	£260	£240	£320
Band 5	£205	£285	£265	£345
Band 6–7 <sup>2</sup>	£230	£310	£290	£370
Band 8 <sup>3</sup>	£255	£335	£315	£395
Industry	£375	£455	£375	£455

Delegates from all multidisciplinary areas are welcome to attend conference

(you may qualify for a registration scholarship see page 12 for details)

£

I will attend the **NHIVNA Conference Social Event** on Thursday 22 June 2017

(£25.00)

<sup>†</sup> Please note, non-NHIVNA members may register at the reduced rate applying to NHIVNA members if their registration forms are accompanied by a completed NHIVNA membership form and the appropriate payment.

- Includes: Healthcare Assistants, Voluntary Sector and Affiliated Membership (affiliated membership includes those not working within the HIV sector, but who have an interest in HIV, such as primary care and practice nurses and other specialist nurses)
- Includes: Academia
- Includes: Consultant Nurse/Manager/Matron

**METHOD OF PAYMENT:**  by Cheque: I enclose a cheque made payable to NHIVNA

by Card: I authorise payment by credit/debit card

TOTAL DUE £

Card type: American Express  Mastercard  Visa  Solo/Maestro/Switch

Card number:

Security code:  (last 3 digits on reverse)

Issue no:  (s/m/sw only)

Valid from:  (s/m/sw only)

Expiry date:  (all cards)

Name of cardholder\* \_\_\_\_\_

\*(if different from above)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All rates shown are inclusive of VAT at 20%

VAT Reg No. 877 3182 89

**Terms and Conditions**

- Mediscript Ltd reserves the right to make modifications to the programme(s) and administration arrangements in the event of special circumstances.
- Providing that written cancellation is received by 5 May 2017, 75% of the registration fee will be refunded. Thereafter, there will be no refunds.
- If the meeting cannot be held for any reason, NHIVNA's liability will be limited to offering a registration place at a future NHIVNA Annual Conference. PAYMENT MUST ACCOMPANY THIS FORM.

Confirmation of registration will be despatched after full payment has been received.

**Processing your personal data**

Information provided by you on the form will be processed by Mediscript Ltd and used for the purposes of:  
 • providing the goods and services ordered by you, and for billing and accounts  
 • sending you information about future conferences, events and other related services  
 • allowing limited third-party mailings from organisations where we believe their services may be of interest to you  
 If you wish to be excluded from receiving these mailings, please tick