**FFLM Development Training Day**

**Child Safeguarding, Sat 24 October 2015**

**Royal College of Physicians, Regents Park, London NW1 4LE**

**Please complete in BLOCK CAPITALS & return no later than Friday 16th October 2015.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title: Forename: Surname:**  *(Please write you name as you would like it to appear on your delegate badge, BLOCK CAPITALS PLEASE)* | | | | |
| **Job Title:** | **Location:** | | | |
| **FFLM Membership Type:** Fellow / Member / Licentiate / Affiliate / Associate / Non-member *(please circle)* | | | | |
| **Type:** Forensic Practitioner / MLA / Medical Coroner / Pathologist / SOE / Other *(please circle)* | | | | |
| **Daytime contact no: Mobile no:** | | | | |
| **Email:** | | | | |
| **Correspondence Address:**  **Post Code:** | | | | |
| **Dietary requirements:** | | | | |
| **Ticket Option** | | **Cost** | **Quantity** | **TOTAL** |
| **FFLM membership**  *(FFLM Fellows, Members, Licentiates / Affiliates / Associates)* | | **£150** |  |  |
| **Non-member** | | **£200** |  |  |
| **Block Booking**  A 20% discount is available to overall fees for any booking exceeding 20 persons (please contact the Registrar for further details) | |  |  |  |
|  | | | **FINAL TOTAL** |  |

# Booking Terms & Cancellation Policy

* Places on the course will be allocated on a *first-come, first-served* basis.
* You will be sent a receipt by email confirming your booking/ payment, if you do not receive this please contact the office.
* The closing date for receipt of payment and booking forms is **Friday 16th October 2015.** However the course may fill up before this date so **please book early to avoid disappointment**.
* Notification of cancellation received in writing by **Friday 16th October 2015**will entitle the delegate to a refund of pre-paid fees less an administration charge of 50% of fees.

# No refund will be given after Friday 16th October 2015.

**Method of Payment**

* A cheque made payable to **“FACULTY OF FORENSIC & LEGAL MEDICINE”**
* For bank transfer please contact [forensic.medicine@fflm.ac.uk](mailto:forensic.medicine@fflm.ac.uk) for account details.

**Please sign to confirm your acceptance of this booking and the terms stated above.**

**Signed: Date:**

# What to do now

Please arrange payment and return your booking form to [forensic.medicine@fflm.ac.uk](mailto:info@fflm.ac.uk) or to the address below to reserve your place:

**Conference Bookings, FFLM**

# Suite 416, 1 Alie Street, London, E1 8DE