The Royal Marsden Gynaecological Cancer Study Day
Monday 26th November 2018

Venue: The Royal Marsden Education and Conference Centre, Stewart’s Grove, London, SW3 6JJ

Aims: The programme will be educational and empowering. The day will consolidate and build on your existing knowledge when caring for this complex group of women. The session will cover a wide variety of topics presented by some of the leading experts in their field. The day will also be a great opportunity to share your experiences and ideas with colleagues from across the country.

Audience: Nurses and other healthcare professionals involved in the care of individuals with gynaecological cancer

Cost: £120

Provisional Programme

Hot Topics to include:

• Panel on Management of Bowel Obstruction

• Principles of Vulvar Cancer Management (Early/Advanced Stage)

• Spectrum of Nursing Roles in Gynae Oncology

• The Role of Onco-Genetics and Pathology within Treatment Choice

• Patient’s Account/Perspective

• Update from ASCO

• Fertility and Surrogacy

To book please complete the form overleaf or visit http://www.royalmarsden.nhs.uk/studydays to book online.

Early registration is recommended to avoid disappointment.
Gynaecological Cancers

Event ID: 731  Date: 26/11/2018

ONLINE BOOKING NOW AVAILABLE

Please visit: www.royalmarsden.nhs.uk/studydays

ALTERNATIVELY FILL OUT YOUR DETAILS BELOW

Please complete details CLEARLY in BLOCK CAPITALS as this information is used to prepare event materials.

PERSONAL

Prof/Dr/Mr/Ms/Mrs/Miss: _____________________
First Name: _______________________________ Male/Female
Job Title: _________________________________________
Company: ___________________________________________
Email: ___________________________________________
Full Postal Address:(Please specify whether home [ ] or work[ ])
________________________________________________
________________________________________________
____________________________Postcode:_____________
Day Tel: _________________________________________

BOOKING CONDITIONS

In order to be registered for the event, full payment of the registration fee must be made with your application, unless an organisation is paying on your behalf. All bookings will be confirmed by email, unless otherwise requested. Please contact us if you have not received confirmation within 5-7 days of submitting your booking.

A 50% fee will be charged for cancellations made within 4-6 weeks of the event. For cancellations made within one month of the event, full payment will be due irrespective of whether the delegate attends the event or not.

PAYMENT BY CREDIT CARD OR CHEQUE

I enclose the sum of **£120.00** by cheque made payable to:

*The Royal Marsden NHS Foundation Trust* or by credit / debit card (Visa / Mastercard / Switch only)

Credit Card / Switch Card No:

[___] [___] [___] [___] [___] [___] [___] [___] [___] [___] [___] [___] [___]

Expires: [___] [___] [___] Valid: [___] [___] [___] [___] [___]

Issue no.: [___] [___] [___]

Security No. (Last 3 digits on back of card) [___] [___] [___]

Name of Cardholder: ________________________________
Cardholder’s Signature: ______________________________

PAYMENT BY INVOICE

If your employer has agreed to pay your fees and an invoice needs to be sent, it is essential that you give full details below of the contact name, department and full postal address. If any information is missing, your application will not be processed.

If your application form needs to be approved by your finance/personnel department, please ensure that it is processed and forwarded to us quickly. It is your own responsibility to ensure that your application is approved by your employer and forwarded to this office. We regret that we cannot do this for you.

Purchase Order Number (MANDATORY)

Contact name of whom the invoice should be addressed to:

Department: ________________________________________________

Organisation: ________________________________________________

Direct dial tel no: ________________________________________________

Fax No: ________________________________________________

Email: ________________________________________________

Postal Address: ________________________________________________

GENERAL

Special dietary/other requirements: ________________________________________________

HOW DID YOU HEAR ABOUT THE EVENT?

Direct mailing [ ] Email [ ]

Royal Marsden Website [ ] Recommendation [ ]

Other website [ ] Journal/Magazine [ ]

Please state_________ Please state_________

Other________________________________________

CURRENT DATA PROTECTION LEGISLATION

In accordance with current legislation, I agree to The Royal Marsden NHS Foundation Trust processing personal data contained on this form, or other data which may be obtained from me or other people or organisations whilst I am applying for this event. I agree to the processing of such data for any purpose connected with my attendance at The Royal Marsden NHS Trust events, or my health and safety whilst on Trust premises or for any other legitimate purpose. I agree to the terms and conditions above and confirm that payment for this event is enclosed/will be made in full before I attend.

Event packs will include a delegates list (including name, job title and organisation) If you wish your details to be removed, please contact the conference-team@rmh.nhs.uk

Please tick if you do NOT agree to your email address being used to advise you of forthcoming events which may be of interest [ ]

Signature: ________________________________________________

Date: ________________________________________________

Please return this form to the Conference Office, Education and Conference Centre, The Royal Marsden NHS Foundation Trust, Stewarts Grove, London, SW3 6JJ

Email conferencecentre@rmh.nhs.uk or fax 020 7808 2334

Visit www.royalmarsden.nhs.uk/studydays for online booking and further information