**GP Trainers Conference 2017  
Delegate Booking Form**

Please ensure you fill in the booking form as thoroughly as possible to help with the booking process.

**Delegate Information: (Please complete all fields)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Practice** | **Delegate Email** | **Practice Manager Email** |
|  |  |  |  |

**Delegate Attendance Information (Please tick where appropriate)**  
 **Residential Delegate Rate** includes: attendance to the conference on 9th - 10th November 2017, overnight accommodation, the evening meal and breakfast.   
***Only*** select the evening meal if you are a **Day Delegate** and wish to attend the evening meal at an additional charge (see payment information)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Thursday 9.11.17** | **Friday 10.11.17** | **Residential Delegate** | **Day Delegate** | **Evening Meal** |
|  |  |  |  |  |

**Residential Sharing (if applicable)**

**The additional room delegate will need to confirm this request before the room will be held.**

**A discount will be applicable to all delegates sharing a room- Discount TBC**

|  |  |
| --- | --- |
| **Sharing: Double Room** | **Sharing: Twin Room** |
|  |  |

|  |  |
| --- | --- |
| **Additional Room Delegate: Name** |  |
| **Additional Room Delegate: Email** |  |

**Cottages**If you wish to book one of the limited Headland Cottages at no extra charge, please indicate via the selection below along with the names of any delegates you wish to share with. The cottages consist of double and twin rooms so please specify if you wish to share a room, who with, and the type of room. A discount is available to all delegates sharing a room- discount amount TBC

**Due to their popularity we suggest you book early to avoid disappointment.**  
**Additional delegates will need to confirm your request before a cottage can be held.**

|  |  |
| --- | --- |
| **2 Bed Cottage** | **3 Bed Cottage** |
|  |  |

|  |  |
| --- | --- |
| **Additional Cottage Delegate 1: Name** |  |
| **Additional Cottage Delegate 1: Email** |  |
| **Additional Cottage Delegate 2: Name** |  |
| **Additional Cottage Delegate 2: Email** |  |

**Workshop Selections**

**Please prioritise your workshops from Option 1 (most interested) to Option 8 (least interested) using the workshop codes indicated on the workshop selection forms.**

**Workshop 1 Choices – Thursday 9th November 2017**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Option 1** | **Option 2** | **Option 3** | **Option 4** | **Option 5** | **Option 6** | **Option 7** | **Option 8** |
|  |  |  |  |  |  |  |  |

**Workshop 2 Choices – Thursday 9th November 2017**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Option 1** | **Option 2** | **Option 3** | **Option 4** | **Option 5** | **Option 6** | **Option 7** | **Option 8** |
|  |  |  |  |  |  |  |  |

**Workshop 3 Choices – Friday 10th November 2017**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Option 1** | **Option 2** | **Option 3** | **Option 4** | **Option 5** | **Option 6** | **Option 7** | **Option 8** |
|  |  |  |  |  |  |  |  |

**Workshop 4 Choices – Friday 10th November 2017**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Option 1** | **Option 2** | **Option 3** | **Option 4** | **Option 5** | **Option 6** | **Option 7** | **Option 8** |
|  |  |  |  |  |  |  |  |

**Evening Meal Choices (Please select one from each category) (V) Vegetarian Option**

|  |  |  |  |
| --- | --- | --- | --- |
| **Starter** | **Parma ham, melon, buffalo mozzarella and basil** | **Grilled king prawns, chickpea salsa, rocket and aioli** | **Goats’ cheese, mixed beetroots, watercress and hazelnuts (V)** |
|  |  |  |
| **Main** | **Pan- fried chicken breast, spring onion mash and chestnut mushroom sauce** | **Pan-fried seabass, gnocci alla Romana, tenderstem broccoli and pistou sauce** | **Olive and garlic polenta, char-grilled vegetables and gremolata (V)** |
|  |  |  |
| **Dessert** | **Dark chocolate cake and toasted peanut ice cream** | **Panna cotta, macerated seasonal fruits and biscotti** | **Cornish Yarg and brie, grapes, celery, biscuits and chutney** |
|  |  |  |
| **Dietary Requirements** | | | |
|  | | | |

**Payment Information**

* **Residential Delegate Rate: £ 350.00**
* **Day Delegate Rate - Thursday 9th November: £ 90.00**
* **Day Delegate Rate - Friday 10th November: £ 90.00**
* **Day Delegate Rate - Evening Meal on Thursday 9th November: £ 30.00**

**Payment is required alongside your booking form in order to secure your place. Final date for submission of payment is Tuesday 31st October 2017**

**Please note:** Cheques can be made payable to **HEALTH EDUCATION ENGLAND. We do not accept payment by BACS.**

**Please send your booking form and payment to:** ThePrimary Care Team, Peninsula Postgraduate Medical Education, Raleigh Building, Plymouth Science Park, Plymouth, Devon, PL6 8BY

**We are unable to confirm your place until we have received both your booking form and payment**

All information can be found on the website along with downloadable copies of the booking form and workshop selections. See details below.

**FINAL DATE FOR CANCELLATION IS MONDAY 9th OCTOBER 2017 AS PER THE HOTELS CANCELLATION POLICY.   
AFTER THIS DATE WE WILL BE UNABLE TO CANCEL YOUR BOOKING WITH THE HOTEL AND THEREFORE UNABLE TO REFUND YOUR PAYMENT.**

## **For all queries please contact:** [Pen.GPEvents@hee.nhs.uk](mailto:Pen.GPEvents@hee.nhs.uk)

Website: [**www.peninsuladeanery.nhs.uk**](http://www.peninsuladeanery.nhs.uk)