

Registration Form

You can register online at 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 [†]
Band 1–4 ¹	£180	£240
Band 5	£205	£265
Band 6–7 ²	£230	£290
Band 8 ³	£255	£315
Industry	£375	£375

Delegates from all multidisciplinary areas are welcome to attend conference

£

I will attend the **NHIVNA Pre-Conference Study Day** at 1430-1845 on Wednesday 27 June 2018. (free)
 (Please only select this option if you plan on attending)

I will attend the **NHIVNA Conference Social Event** on Thursday 28 June 2018 (£25.00)

[†] 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 11 May 2018, 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

Membership Application Form 2017

Please complete and return this form to: NHIVNA Secretariat
 Mediscript Ltd, 1 Mountview Court, 310 Friern Barnet Lane, London N20 0LD

You can register online at www.nhivna.org

BLOCK CAPITALS PLEASE

Prof / Dr / Mr / Mrs / Miss / Ms Family name: _____

First name(s): _____

Present appointment: _____ Nursing Band: _____

Institution: _____

Address: _____

Postcode: _____

Telephone: _____ Fax: _____ Work email:* _____

If you wish to receive correspondence at your home address, please give details below.

Home address: _____

Postcode: _____ Home email:* _____

Relevant HIV experience: _____

*NHIVNA distributes some information to members by email only, so in order to receive all your mailings, please supply an email address.
 We will not use your email address for any other purpose.

SUBSCRIPTION (Please tick the category of membership for which you are applying)

<input type="checkbox"/> NHIVNA BAND 8 including Consultant Nurse/Manager/Matron (UK)	£75
<input type="checkbox"/> NHIVNA BAND 6–7 including Academia	£60
<input type="checkbox"/> NHIVNA BAND 5	£35
<input type="checkbox"/> NHIVNA BAND 1–4 ¹ including Healthcare Assistants/voluntary sector/affiliated membership ²	£20
<input type="checkbox"/> NHIVNA International Networking ¹ includes non-UK residents only	£20
<input type="checkbox"/> STUDENT NURSE	£10

¹ To receive e-copies of publications only.

² Affiliated membership includes those not working within the HIV sector, but who have an interest in HIV, such as primary care and practice nurses etc. and other specialist nurses.

METHOD OF PAYMENT

By cheque: I enclose a cheque made payable to NHIVNA

By BACS: Bank details: NatWest Bank, East Finchley Branch, 85 High Road, London N2 8AE
 Account name: National HIV Nurses Association • Account number: 22509526 • Sort code: 50-21-08

By credit card: I authorise payment to the amount of: £

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 _____ Signature: _____ Date: _____
 (if different from above)

Hospital trusts and finance departments: please note that invoices cannot be issued for membership fees and this form should be accepted in lieu of an invoice.

Data Protection: Information provided by you on this 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.
 In addition, we may allow limited third-party mailings from organisations where we believe their services may be of interest to you. Please tick the box if you do not wish your information to be used in this way,