

Managing Oral Complications in the Cancer and Palliative Care Setting

Tuesday 09 October 2012

A dedicated study day on oral complications developed and delivered by the **UKOMiC** Expert Group



9.30-10.00	Arrival and registration (pre-assessment option)
10.00 am	Welcome and introduction UKOMiC – who are we and why?
10.15 am	OM Anatomy and Physiology
10.30 am	OM Pathophysiology
11.00 am	UKOMiC Guidance
11.30 am	Coffee
11.45 am	Assessment & Care Workshop – Breakout session
12.30 pm	Patient Experience
1.00 pm	Lunch
2.00 pm	Nutrition
2.30 pm	Oral Care in the Palliative setting
3.00 pm	Prevention / Treatment workshop – Breakout session
4.00 pm	Expert Panel discussion
4.30 pm	Close and Depart (evaluation forms)

To learn more about the UKOMiC group and to see the UKOMiC Oral Mucositis Guidelines visit www.ukomic.co.uk

For further details and to book on the course fill out the form on the back of this flyer or visit www.royalmarsden.nhs.uk/ukomic

Venue: The Education and Conference Centre, Stewart's Grove, SW3 6JJ.

Aims: A study day for nurses, doctors, speech & language therapists, dieticians, radiographers, and other healthcare professionals dealing with oral complication in the cancer and palliative care setting.

Organised by the United Kingdom Oral Mucositis in Cancer Care Expert Group (UKOMIC)

Cost: £30 for early bird bookings before 30 July 2012, £50 thereafter.

The Study Day has kindly been supported by the industry

UKOMiC Study Day

Event ID: 333 Date: 09/10/2012

ONLINE BOOKING NOW AVAILABLE

Please visit www.royalmarsden.nhs.uk/ukomic

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: Surname: _____

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 **£30 (by the 30 July 2012)** or **£50 (Post 30 July 2012)** 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 (if required) _____

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 _____

APPLICANT'S DECLARATION:

Data Protection Act 1998: 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 Foundation 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.

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. Please call 020 7808 2924 for further information.