## Registration Form Waste Management BVG 2025-26



Organisation			
Address			
	Postcode		
	another NPAG Networking Group, to activate		
Invoicing: If the invoice address is different from that above please enter address below:			
Where did you hear about NPAG?			
	Member 1 for a £500 Fee (x3 MS Teams, x1 Face to Face)	Member 2 for a £300 Fee	
Name			
Job Title			
Email			
Special Requirements (Dietary / Access)			
Phone Number			
PA Details			
Twitter/LinkedIn			

**Registrations:** Please email your completed registration form to: Email: <a href="mailto:info@npag.eastamb.nhs.uk">info@npag.eastamb.nhs.uk</a> National Performance Advisory Group, East of England Ambulance Service NHS Trust, Hospital Approach Broomfield, Chelmsford, Essex, CM1 7WS.

**BOOKING CONDITIONS:** A VAT invoice will be issued. VAT Registration No. 654 9195 01. VAT applies to any NHS organisation outside England and to any non-NHS organisation. Payment is due on receipt of invoice. DO NOT send payment in advance of receipt of invoice. When invoice is received, payment should be made to 'East of England Ambulance Service NHS Trust.' ALL cancellations must be in writing. Cancellations received within 14 days of receipt of the registration form will receive a full refund. After this date refunds cannot be made. A substitute is acceptable. NPAG cannot be held responsible for any travel expenses or accommodation costs in the event of a cancellation or postponement of a meeting, workshop or event. A 25% discount will be applied when an existing NPAG member joins an additional Group. This does not apply to the £300 second member rate. As a registered contact you will receive our monthly NPAG Newsletter. Additionally, we may also send you more general information about our services, new products and offers.

If you would prefer not to be contacted outside of your membership please tick here

I confirm that I have read and agree to the REGISTRATION CONDITIONS would like to register as a member of the Waste Management BVG 2-26. Please invoice me for payment.

Authorisation Signature ...... Purchase Order Number.....

