



BAPEN

Advancing Clinical Nutrition

**ORDER FORM FOR E-LEARNING RESOURCE
'NUTRITIONAL SCREENING: A 'MUST' FOR HEALTHCARE IN HOSPITAL**

I wish to order the following:

Tick to confirm	Package	Total inc VAT
	Package A Customising resource with Logo, welcome from senior manager and set up of customised tracking and reporting system on module uptake and completion (stratified by area, ward). Cost includes data cleaning and housing account on secure server for first year (thereafter £250 + VAT / year)	£470.00
	Package B – Dependant on Individual Requirements Includes Package A and inclusion of local care plans, policies and procedures. Individual quotes will be provided and the cost will depend on the number and complexity (i.e. interactive elements) of inclusions.	£

Please confirm your details:

Contact Name *(please print)*

Contact Address *(please print)*

Contact Telephone Number

Contact E-mail

Invoice address if different to above:

Name *(please print)*

Invoice Address *(please print)*

Purchase Order Number *(if applicable):*

Postcode:

Postcode:

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Payment Options (please tick)

Cheque

BACS

Credit Card

By CHEQUE:

Cheques to be made payable to B.A.P.E.N. and crossed a/c payee and must be drawn on a United Kingdom Bank in pound sterling and sent to BAPEN, Secure Hold Business Centre, Studley Road, Redditch, Worcs, B98 7LG

By BACS:

Account Name: BAPEN
Bank Address: NatWest - Sheerness Branch, 29 High Street, Sheerness, Kent, ME12 1NU
Account No: 56080549
Sort Code: 60-19-04
Swift Code: NWBKGB21092
IBAN Code: GB10 NWBK 6019 0456 0805 49

Please submit a copy of the Remittance Advice to the Conference Organisers

By Credit Card:

<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Name on card:

Card Number:

Card valid from: / Card expires: /

Issue number: if applicable Amount:

CSC (last 3 digits on back of your card)

Please tick box to confirm your authorisation to debit this card.