



CHIPS Clinical Co-ordinating Centre, University of British Columbia
Department of Obstetrics & Gynaecology
Room 2H30 - 4500 Oak Street
Vancouver, British Columbia, CANADA, V6H 3N1
Tel: 1 (604) 875-2959 • Fax: 1 (604) 875-3212
Email: chips@cw.bc.ca
Website: <http://www.utoronto.ca/cmcr/chips/>

**Please plan on joining us for the
UK CHIPS Collaborators' Meeting
Friday March 13th 2009
10:00 – 15:00**

**The Royal College of Physicians
11 St Andrews Place, Regent's Park, London**
<http://www.rcplondon.ac.uk/>

We are pleased to extend an invitation to all CHIPS collaborators from the United Kingdom to this meeting. We are also delighted to announce that our guest speaker for the meeting will be Dr. Steve Walkinshaw, Clinical Director of Fetomaternal Medicine at Liverpool Women's Hospital, UK.

The meeting will include:

- On Friday morning, information about CHIPS, including how the Trial is organised and presentations from both the Clinical Co-ordinating and Data Co-ordinating Centres.
- After the catered lunch, guidance and helpful hints for successful local organisation of the Trial, followed by our guest speaker, Dr. Steve Walkinshaw.

The information on the following pages includes:

- Details on the expenses we can support & planning your travel (page 2)
- Contact Form (page 3)
- Attendance Form (page 4)
- Hotel Information Form (page 5)
- Meal Information Form (page 6)
- Guest Payment Form (*if applicable*) (page 7)



PLANNING YOUR TRAVEL

Upon becoming an active CHIPS centre, we will reimburse the following expenses:

By 'active', we mean that you have sent us both your Local Research Ethics Committee Approval Certificate, your signed Clinical Study Agreement (CSA), and you will have received a start-up package.

- We will reimburse the travel expenses for one investigator and one co-ordinator per active centre.
- If you have local funds that can cover another interested person's travel costs and accommodation (if required), we would be happy for them to attend the meeting, so that as many of those involved in CHIPS can attend.

For reimbursement, please remember to submit your paperwork to the Clinical Co-ordinating Centre as soon as you become an active centre. In order to apply for reimbursement, we will need the ORIGINAL itemized and dated receipts (or in the case of electronic tickets, submission of a copy of the receipt is acceptable).

For this meeting, we ask that you arrange your own travel.

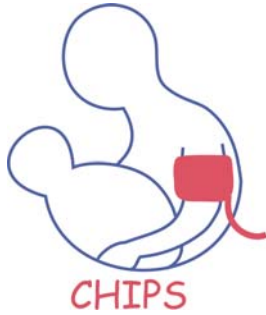
- Train:**
- We will cover economy train fare to and from the RCP, including taxis to and from the train station.
- Underground:**
- We will cover underground fares to and from the RCP.
- Car:**
- We will cover mileage at the equivalent GBP conversion (depending on current exchange rates) of the standard University of British Columbia rate of \$0.41 Canadian Dollars per km, as well as parking near the Royal College of Physicians.
- Air:**
- For collaborators who require to air travel, we will reimburse an **economy airfare** booked **21 days in advance**
 - If you make other travel arrangements, the equivalent portion of your ticket will be reimbursed.
 - We ask that you book your own flight and that you try to get the most reasonably priced flight that you can.
 - In order to apply for reimbursement:
 - Paper airline tickets must be accompanied by the travel agency invoice. In the case of electronic tickets, submission of a copy of the itinerary/receipt is acceptable. (Invoice or itinerary/receipt must show ticket number, breakdown of cost and form of payment).
 - Submission of **original boarding passes** is required.

Accommodation:

- For collaborators requiring overnight accommodation, we will book your rooms at the Holiday Inn (Regent's Park), and pay the charges for room and taxes for up to 2 nights (Thursday March 12th and Friday March 13th).
- Additional nights, additional charges for room service, mini bar, movies, etc will be at your own expense.

Please use the attached reply form to tell us who will be attending.

We look forward to seeing you in London!



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PLEASE RETURN THIS FORM BY FAX or E-MAIL AS SOON AS POSSIBLE

Name: _____
(please print)

- Centre Investigator (e.g., obstetrician)
 Centre trial co-ordinator
 Other → please specify role: _____

Centre: _____
(please print)

Title: _____

First Name: _____ **Last Name:** _____

Address: Line 1 _____
Line 2 _____
Line 3 _____
Line 4 _____

City: _____ **Province:** _____

Country: _____ **Post Code:** _____

Office Phone: _____ **Private Phone:** _____

Cellular / Mobile: _____ **Other Phone:** _____

Fax Phone #1: _____ **Fax Phone #2:** _____

Email 1: _____

Email 2: _____



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PLEASE RETURN THIS FORM BY FAX or E-MAIL AS SOON AS POSSIBLE

Name: _____
(please print)

Centre: _____
(please print)

I **WILL** be able to attend the CHIPS meeting March 13th 2009

Please remember to complete and return the following forms **by: December 1st, 2008**

1. Hotel Information Form
2. Meal Information Form
3. Guest Payment Form (if applicable)

I **will NOT** be able to attend the CHIPS meeting March 13th 2009

Please return this form as soon as possible:

Fax:

1 (604) 875-3212

Email:

chips@cw.bc.ca

Mail:

CHIPS Clinical Co-ordinating Centre, University of British Columbia
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Questions?

Telephone: 1 (604) 875-2959

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PLEASE RETURN THIS FORM BY FAX or E-MAIL BY DECEMBER 1st 2008

Name: _____
(please print)

Centre: _____
(please print)

Hotel: Holiday Inn, Regent's Park, London, UK

- I will **NOT** require hotel accommodation at the Holiday Inn, Regent's Park
- I **WILL** require hotel accommodation at the Holiday Inn, Regent's Park (please specify nights)

Thursday March 12th, 2009

Friday March 13th, 2009

Other nights at my own expense (please specify): _____

I will need a room for: single occupancy double occupancy

I would prefer: 1 bed 2 beds

Please return this form by December 1st 2008:

Fax:

1 (604) 875-3212

Email:

chips@cw.bc.ca

Mail:

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MEAL INFORMATION FORM



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PLEASE RETURN THIS FORM BY FAX or E-MAIL BY DECEMBER 1st 2008

Name: _____
(please print)

Centre: _____
(please print)

1. **Friday Lunch** at the Royal College of Physicians:

I **will** attend the lunch

→ My spouse/guest will also attend at a cost of \$38.00CAD

I **will NOT** attend the lunch

2. I have the following special dietary requirements: _____
We will do our best to accommodate dietary needs. (please print)

Please return this form by December 1st 2008:

Fax:

1 (604) 875-3212

Email:

chips@cw.bc.ca

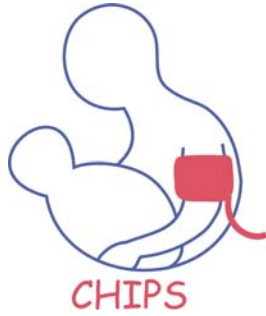
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PLEASE RETURN THIS FORM WITH PAYMENT BY DECEMBER 1st 2008
(If applicable)

Name: _____
(please print)

Centre: _____
(please print)

Please use this form for payments of additional expenses. Please note that payment may ONLY be made by:

1. Cheque drawn on a Canadian bank
2. Money order or bank draft in Canadian dollars (CAD)

Cheques or drafts should be made payable to "University of British Columbia, 20R92416".

(We regret that we cannot accept credit cards.)

Activity	Price In CAD	# guests attending	TOTAL
Spouse/guest to Friday lunch	\$38.00CAD		

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