



# Winter Meeting 2017

## Application Form

Name (inc. title) .....

Job description.....

Address (for correspondence) .....

.....

..... Postcode.....

Telephone no (daytime) .....

Email .....

I would like to attend (please circle):

	Non-trainees	Reduced rate (Trainees/SAS or retired doctors/non-medical professionals)
Full meeting (Including accommodation and dinner)	395	295
Thursday from 5pm and Friday (Including accommodation and dinner)	255	205
Thursday only	140	90
Friday only	140	90

Notes:

1) Other time periods may be available on application; please contact: karen.saunders@nhs.net

2) Numbers of discounted spaces are limited.

I enclose a cheque for ..... payable to 'Paediatric Mental Health Association'

Any special requirements e.g. ground floor accommodation, special diet?

.....

Date.....

**Please return forms to:** Karen Saunders, Medical Secretary, Chippenham Community Hospital, Rowden Hill, Chippenham, Wilts SN15 2AJ