

Registration Form



Conference on Women's Health

University of Warwick, Coventry CV4 7AL

Friday 18 April 2008

The registration fee includes registration for the Conference and all catering – and is non-refundable. Please make cheques payable to – Women's Health Concern. Receipts and acknowledgements will be issued prior to the Conference.

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| General Practitioners, Clinic Doctors, Hospital Doctors | FEE £160 |
| Nurses | FEE £115 |
| Nurse Friends' Scheme Member | FEE £95 |

I would like to reserve a place at the Warwick University Conference, and enclose my registration fee of £160 or £115 or £95 (tick appropriate box). I am a:

G.P. Clinic Dr. Hospital Dr. Nurse Nurse Friends' Scheme Member Other Health Professional

PLEASE PRINT CLEARLY

Name: (as it should appear on your badge/certificate)

Address: Work/Home (please specify)

Town

Postcode

Daytime Telephone

Email Address

Special Dietary Requirements

A donation to support our Advice Line and other core charitable services would be much appreciated. Please enclose your personal or CAF cheque for £ _____ or donate on the day through Gift Aid. *giftaid it*

I would like to continue to receive relevant information and correspondence from Women's Health Concern (please tick box)

Please return this page to: Warwick University Conference, Women's Health Concern, Whitehall House, 41 Whitehall, London SW1A 2BY together with your cheque.