

# Registration Form



## 19th Annual Symposium on Women's Health

Royal Society of Medicine, London

Friday 3 October 2008

The registration fee includes registration for the Symposium 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 event.

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 19th Annual Symposium, 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: 19th Annual Symposium, Women's Health Concern, 4-6 Eton Place, Marlow, Buckinghamshire SL7 2QA together with your cheque.