SEVENTH ANNUAL WESSEX CRN RESEARCH MEETING

AND REGIONAL BGS – Hosted by Royal Bournemouth Hospital

**REGISTRATION FORM**

THURSDAY 19TH SEPTEMBER 2019

|  |  |
| --- | --- |
| Title – Dr/Mr/Mrs/Miss |  |
| First Name |  |
| Surname |  |
| Job Title |  |
| Hospital/Surgery |  |
| Correspondence Address |  |
| Contact Telephone |  |
| Email address |  |
| I wish to attend(please delete as appropriate) | Whole day / Morning only / afternoon only |
| Special dietary requirements |  |

Please return to:

 Debra Thomas

 Royal Bournemouth Hospital

 OPM (C/o Stroke Office)

 Education Centre F25

 Bournemouth

 BH7 7DW

 Email: debra.thomas@rbch.nhs.uk

 Tel: 01202 726175

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