

Appendix 1

Please complete this booking form and return to: Education Dept (EDUC), Salisbury Hospice, Salisbury District Hospital, SALISBURY, SP2 8BJ

Course Title: Communcation Skills Workshop

Date: 13th May 2010

Name: Job title:

Address:.....
.....

Postcode: Tel no:

Signature: Date:

In completing and signing this form, you confirm that you have read and understood the Cancellation Policy as stated above on the programme flyer.

PLEASE FEEL FREE TO PHOTOCOPY THIS FORM



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