

Appendix 2

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

Course Title: End of Life Care

**Date: 14th January 2010
2nd June 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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