

Appendix 4

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

Course Title: Neurology Matters

Date: 8th February 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



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

Course Title: Neurology Matters

Date: 8th February 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