



What Next? Manage the Risk May 13th and 14th 2010

REGISTRATION FORM

Please write clearly in **BLOCK CAPITALS**

Dr/Mr/Mrs/Ms/Miss..... **First name**

Surname.....

Current position.....**Hospital**.....

Address for correspondence :

.....

.....

.....**Postcode**..... **Email**.....

Booking registration fee before 13th March 2010

Single Occupancy package – 1 night accommodation	£165 pp	<input type="checkbox"/>
Twin Occupancy package – 1 night accommodation	£140pp	<input type="checkbox"/>
1 day Conference only rate	£ 60pp	<input type="checkbox"/>

Booking registration fee after 13th March 2010

Single Occupancy package – 1 night accommodation	£180 pp	<input type="checkbox"/>
Twin Occupancy package – 1 night accommodation	£160pp	<input type="checkbox"/>
1 day Conference only rate	£ 70pp	<input type="checkbox"/>

(Cheques payable to 'North Bristol Trust')

Unfortunately we are unable to offer refunds for cancellations

Signed.....

Please send to : **Mrs Chrissie Israel**
 Neonatal Developmental Care Specialist Nurse
 Neonatal Intensive Care Unit
 Southmead Hospital
 BRISTOL BS10 5NB

Closing date for registration – May 1st 2010

Confirmations will be sent by email. If you require a written confirmation letter please include a stamped addressed envelope