

# CAMBRIDGE AUTUMN REFRESHER COURSE

## FOR PRIMARY CARE

MADINGLEY HALL, CAMBRIDGE  
14<sup>TH</sup> & 15<sup>TH</sup> OCTOBER 2010

### **REGISTRATION FORM**

(please **clearly** print)

**FULL NAME** .....

**PRACTICE ADDRESS** .....  
(Including postcode) .....

**TEL. NO** .....

**EMAIL ADDRESS** .....

Please indicate if you would prefer your forename or initials to appear on your delegate badge:

**INITIALS/FORENAME** (*please delete as appropriate*)

**SPECIAL DIETARY REQUIREMENTS:**.....

The registration fee for **NON RESIDENTS** is **£300.00**, which includes the cost of lunch, mid morning coffee and afternoon tea each day.

The registration fee for **RESIDENTS** is **£350.00**, which includes the cost of all meals and accommodation from 09:00 on Thursday 14<sup>th</sup> October 2010 until 17:00 on Friday 15<sup>th</sup> October 2010. Also includes a Course Dinner with wines on the Thursday evening (dress informal), and mid morning coffee and afternoon tea each day.

Cheques should be made payable to **Addenbrooke's Endowment Funds** and sent together with this completed form to the address below. A programme and full details of the course will be sent to all registered delegates in mid-September 2010

#### **PLEASE COMPLETE THE FOLLOWING:**

I confirm my application to attend the GP Autumn Refresher Course 14 & 15 October 2010, and enclose a cheque for **£300 / £350** (*please delete appropriately*)

**No refunds permitted within 28 days of course commencement**

Signed: ..... Date: .....

**PLEASE RETURN THIS COMPLETED FORM WITH YOUR CHEQUE TO:**

Hannah Harris, Postgraduate Medical Centre, Box 111, Clinical School, Addenbrooke's Hospital, Cambridge CB2 0SP