

Tracheostomy: A Risky Business

18th October 2007

Bevan Room, Victoria House, Capital Park

www.capital-park-cambridge.co.uk

Registration Form

Name: _____

Address: _____

Contact Tel: _____

Place of work: _____

Position: _____

Clinical Speciality: _____

Email address: _____

Tracheostomy UK Member? Yes No

Payment Details: £85 Tracheostomy UK members

£115 Non Tracheostomy UK members.

Do you have a specific dietary requirement? Yes No

Please give details: _____

Please make cheques payable to Tracheostomy UK

Please send completed forms and payment to Claudia Russell, Nurse

Consultant in Tracheostomy Management Box 253, Addenbrookes

Hospital, Hills Road, Cambridge, CB2 2QQ.

On receipt of payment, confirmation of your place and study day details will be sent to your contact address.

Unfortunately no refunds can be given if less than one months notice is given or a replacement is organised.

Please tick if you require a receipt. Yes No

Office use:

Date received: _____ / _____ / _____

Payment received: _____ / _____ / _____

Confirmation sent: _____ / _____ / _____