SEVENTH ANNUAL WESSEX CRN RESEARCH MEETING

AND REGIONAL BGS – Hosted by Royal Bournemouth Hospital

**REGISTRATION FORM**

THURSDAY 19TH SEPTEMBER 2019

|  |  |
| --- | --- |
| Title – Dr/Mr/Mrs/Miss |  |
| First Name |  |
| Surname |  |
| Job Title |  |
| Hospital/Surgery |  |
| Correspondence Address |  |
| Contact Telephone |  |
| Email address |  |
| I wish to attend  (please delete as appropriate) | Whole day / Morning only / afternoon only |
| Special dietary requirements |  |

Please return to:

Debra Thomas

Royal Bournemouth Hospital

OPM (C/o Stroke Office)

Education Centre F25

Bournemouth

BH7 7DW

Email: [debra.thomas@rbch.nhs.uk](mailto:debra.thomas@rbch.nhs.uk)

Tel: 01202 726175

Fax: 01202 704303