

Workshop Booking Form

This workshop will be for the South East Thames ACPGBI Chapters

Please return to courses@pelicancancer.org

ONE FORM PER MDT PLEASE

| Date of workshop | Venue | Hospital Name | Lead Contact name, postal and email address |
|----------------------------|-------|---------------|--|
| 29 th June 2018 | | | |

MDT members – 7 free places available to include: Surgeon, clinical nurse specialist, oncologist, palliative care specialist, radiologist, pathologist

Additional places are available for a fee of £95 per person

| Title | First name | Surname | Job e.g. Surgeon, Gastroenterologist | Email address | Diet - veg/halal |
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