

Registration form for South West Paediatric Club meeting

Please complete the form with all your details and those for the event you wish to attend.

| | | | | |
|----------------------|-------------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| Date of Meeting | | | | |
| Location | | | | |
| Name | | | | |
| Address | | | | |
| Job Title | | | | |
| Tel Number | | | | |
| E-mail address | | | | |
| Dietary Requirements | None <input type="checkbox"/> | Vegetarian <input type="checkbox"/> | Vegan <input type="checkbox"/> | Gluten-Free <input type="checkbox"/> |

| | | | |
|---------------------|------------------------------|-----------------------------|---------|
| Membership Category | | | Cost £ |
| Dinner? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Cost £ |
| Cheque Value | | | Total £ |

I enclose my cheque for the amount above, made payable to South West Paediatric Club.

Signed:

Please post to:

Dr Laraine Dibble,
Child Health,
Torbay Hospital,
Torquay,
TQ2 7AA