

Physiotherapy Rehab Conference
Motor Recovery and Predicting Outcome Post Stroke
Booking Form

Conference date: 15th September 2015 9am-430pm

Venue: Clinical School, Addenbrooke's Hospital, Cambridge

Conference Fee: £100 including lunch

CLOSING DATE: 28th August 2015

Name:.....

Address:.....

Email:.....@.....

Tel Number:.....

Profession:.....

Dietary Requirements (if applicable):.....

How did you hear about the course?.....

Please tick if you **DO** want to be on our electronic mailing list

Please return the completed application form along with the full fee to:
Dept Secretary, Physiotherapy Dept, Box 185, Addenbrookes Hospital, Hills Rd, Cambridge.
CB2 0QQ
Email: physioeducation@addenbrookes.nhs.uk FAX: 01223 586665 Phone: 01223 216773

Terms & Conditions

1. We will only offer a place once full payment has been received. You will then receive confirmation of your place by email
2. **We are only able to accept payment by Cheque – made payable to Addenbrooke's Charitable Trust. If you are being funded please make your trust finance dept aware of this.**
3. Cancellations: A full refund less a £20 Admin fee will be given for any cancellations received by 4 p.m. 15 working days before the course date. Any cancellations after this time will not be refundable at all. We will accept a substitute delegate from your workplace.
4. If we have insufficient delegates we reserve the right to cancel the course.
5. The course programme may be subject to last minute changes.

I agree to the Terms & Conditions above and enclose a cheque for £100 made payable to Addenbrooke's Charitable Trust.

Signature.....Date.....

If your application is sent via your email account that will count as a signature. Any unsigned booking forms sent by post will be sent back to the delegate and will delay your application.