

# *Nutrition Study Day*

To Be Held On

**Friday 20<sup>th</sup> May 2011**

**At 9.00am**

In the Lecture Suite,  
Walsall Manor Learning and Conference Centre, Route 301  
Walsall Manor Hospital  
Moat Road, Walsall,  
WS2 9PS

**Buffet Lunch Provided**

**FREE to Staff within the SSBC Network**

Deposit for Nurses / AHP's: £15.00

Deposit for Doctors: £25.00

**Places are available on a first come first served basis and will be allocated on receipt of both a registration form and cheque deposit. Refunds of deposits will be provided on attendance at the study day.**

**Staff External to the SSBC Network**

Cost: £30.00 for Nurses / AHP's

Cost: £50.00 for Doctors

**Places are available on a first come first served basis and will be allocated on receipt of both a registration form and cheque.**

REGISTRATION FORM

**Nutrition Study Day - 20<sup>th</sup> May 2011**

This study day has been organised by the Staffordshire, Shropshire and Black Country Newborn Network.

I am a member of staff employed within the SSBC Network and enclose a cheque deposit made payable to Wolverhampton City PCT for the amount of (please tick):

- £15.00 for Nurses / AHP's  
 £25.00 for Doctors

I understand that the cheque deposit will be returned to me with my certificate of attendance on the day.

**NB. Refunds for non-attendance will not be given, unless the network has been informed prior to Thursday 12<sup>th</sup> May 2011, in order to cover the cost of refreshments.**

I am employed externally to the SSBC Network and enclose a cheque made payable to Wolverhampton City PCT for the amount of (please tick):

- £30.00 for Nurses / AHP's  
 £50.00 for Doctors

**Places will be allocated on a first come first served basis on receipt of both a registration form and cheque. Only registration forms and cheques received in the network office before Thursday 12<sup>th</sup> May 2011 will be allocated a place.**

Please send your completed form and cheque to:

Staffordshire, Shropshire and Black Country Newborn Network  
University Hospital of North Staffordshire  
First Floor Admin Area  
Maternity Centre  
Newcastle Road  
Stoke-on-Trent  
ST4 6QG

Please write clearly in **BLOCK CAPITALS** to ensure the name on your certificate is spelt correctly.

**TITLE:** \_\_\_\_\_ **FORENAME:** \_\_\_\_\_

**SURNAME:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**HOSPITAL:** \_\_\_\_\_

**CONTACT NUMBER:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

Please provide an e-mail address to ensure you receive confirmation of a place, which will be sent on receipt of both a registration form and cheque.

**Special dietary requirements (please tick):**

- Vegetarian  
 Other, please specify \_\_\_\_\_