# Enrolment Form

**Please send completed enrolment form + fee**

**(cheque payable to CEREBRA prior to event)**

**to Gaynor Ellis, CEREBRA Research Dept.,**

 **FREEPOST SWC 3360,**

**Carmarthen SA31 1ZY**

**or email to** gaynore@cerebra.org.uk

**Telephone: 01267 244226**

**Cheque (£100 per person) payable to: CEREBRA**

# Number of delegates: x £100

# Total payable:

 **Free Places**

# CONFERENCE

**“Complementary and Alternative Medicine for Children with Neurological Deficits”**

**Thursday, 2nd October 2008 at**

**The Grand Hotel, Sea Front, TORQUAY, TQ2 6NT**

**Name(s):**

**Address:**

**Tel.**

**Email contact:**

**What is your professional interest in this conference?**

**CEREBRA looks forward to meeting you.**