



Registration Form

THERAPEUTICS IN LEARNING DISABILITY SYMPOSIUM

15 November 2013 - Leicester Marriott Hotel, Smith Way, Grove Park, Enderby, Leicester, LE19 1SW

(PLEASE PRINT ALL DETAILS CLEARLY) TITLE FIRST NAME SURNAME PLACE OF WORK TOWN _____ POST CODE ____ COUNTRY _____ TEL (DAYTIME) _____ **REGISTRATION FEES, including lunch and refreshments** Total: £80 per person if you book before 20/10/2013 £100 per person thereafter Master class session: There will be a choice of master class sessions to choose from on the day. **PAYMENT METHOD** \square I ENCLOSE A CHEQUE FOR £______ (Cheques payable to 'Leicestershire Partnership NHS Trust' quoting reference **TLD 2013** and **delegate name** on the back of cheque) Please complete and return your registration form with your remittance to: Miriam Turner, Leicester Frith Hospital, Mansion House, Groby Road, Leicester, LE3 9QF

Tel: 0116 2255273 Fax: 0116 2255272 Email: miriam.turner@leicspart.nhs.uk