

# Ear Care/Audiology Conference

To be held on Monday 10th June 2019  
at The Source Training Centre  
300 Meadowhall Way  
SHEFFIELD S9 1EA

Cost: £180.00 per person (inc VAT) - includes lunch

## APPLICATION FORM

Surname:- \_\_\_\_\_ First Name(s):- \_\_\_\_\_

Title:- MRS/MISS/MS/MR Job Title:- \_\_\_\_\_

Work Address (including name of GP, if applicable):- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code:- \_\_\_\_\_ Work Tel No:- \_\_\_\_\_

E-mail Address:- \_\_\_\_\_

Home Address:- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code:- \_\_\_\_\_ Home Tel No: \_\_\_\_\_

I **DO NOT** agree to my name/ work address details being given to other conference delegates

Do you have any dietary needs? YES/NO If 'Yes' please state

Do you have any other special needs? YES/NO If 'Yes' please state

Cont overleaf .....

**PAYMENT – BY INVOICE ONLY** (£180.00 per delegate)

Invoice Address:- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If an NHS Trust is to pay your conference fee, an official purchase order **MUST** accompany this completed application form. If we do not receive a purchase order, we reserve the right to cancel your place at this Conference. Likewise the invoice **MUST** be paid prior to attendance on the 10th June - failure to do so **WILL** result in your place being cancelled

Please return to:-

Primary Ear Care & Audiology Services  
Rotherham Community Health Centre  
Greasbrough Road  
ROTHERHAM  
S60 1RY

E-mail: [rgh-tr.earcarecentre@nhs.net](mailto:rgh-tr.earcarecentre@nhs.net)  
Fax No: 01709 423 408  
Tel Nos: 01709 423207/423140