

# Tinnitus Conference

To be held on Monday 15th June 2020  
at The Source Training Centre  
300 Meadowhall Way  
SHEFFIELD S9 1EA

Cost: £130.00 per person (inc VAT) - including lunch  
£80.00 special student rate (evidence is required)

## APPLICATION FORM

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

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

Work/University Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_ Tel No: \_\_\_\_\_

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

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

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

Student I.D. number if applicable:

Please let us know which **2** break-out sessions you would like to attend:

Tinnitus & Mindfulness	Lynn Kiers	<input type="checkbox"/>
Tinnitus & Sleep	David Stockdale	<input type="checkbox"/>
What is CBT?	Dr Laura Mantle	<input type="checkbox"/>
Paediatric Tinnitus: An overview of assessment & management	Claire Benton	<input type="checkbox"/>

Cont. overleaf .....

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

**PAYMENT – BY INVOICE ONLY** (£130.00 per delegate – £80 student rate)

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

If an institution or company is paying 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 15th 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  
Fax No: 01709 423 408  
Tel Nos: 01709 423207/423140