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Workshop Booking Form

This workshop will be for the South East Thames ACPGBI Chapters

Please return to courses@pelicancancer.org

**ONE FORM PER MDT PLEASE**

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| **Date of workshop** | **Venue** | **Hospital Name**  | **Lead Contact name, postal and email address** |
| 17th Jan 2020  | The Orchards events venue |  |  |

**MDT members – 7 free places available to include: Surgeon, clinical nurse specialist, oncologist, palliative care specialist, radiologist, pathologist**

**Additional places are available for a fee of £95 per person**

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| **Title**  | **First name** | **Surname** | **Job e.g. Surgeon, Gastroenterologist** | **Email address** | **Diet - veg/halal** |
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