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Workshop Booking Form

This workshop will be for the South East Thames ACPGBI Chapters

Please return to [courses@pelicancancer.org](mailto:courses@pelicancancer.org)

**ONE FORM PER MDT PLEASE**

|  |  |  |  |
| --- | --- | --- | --- |
| **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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