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 **Workshop Booking Form**

 This workshop will be for the Yorkshire ACPGBI Chapter

 Please return to j.staff@pelicancancer.org

 **ONE FORM PER MDT PLEASE**

|  |  |  |  |
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| **Date of Workshop** | **Venue** | **Yorkshire Chapter Hospital Name**  | **Hospital lead contact name, and email address** |
| Thursday 13th March 2025 | TBC |  |  |

**MDT members to include: Surgeon, Radiologist, Pathologist, Medical Oncologist, Radiation Oncologist, CNS**

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| **Title**  | **First name** | **Surname** | **Role e.g. Surgeon, Pathologist** | **Email address** | **Dietary Requirements** |
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Notes: If you require any additional members of the team to attend, please make a request when you return the form to: j.staff@pelicancancer.org