A close-up of a logo

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**A purple and black logo

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**Workshop Booking Form**

This workshop will be for the Yorkshire ACPGBI Chapter

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

**ONE FORM PER MDT PLEASE**

|  |  |  |  |
| --- | --- | --- | --- |
| **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](mailto:j.staff@pelicancancer.org)