

RESPIRATORY MANAGEMENT IN MND – ADVANCED STUDY DAY

FRIDAY 6TH FEBRUARY 2009 9:00AM – 4:00PM
THE CAMBRIDGE BELFRY HOTEL, BACK LANE, GREAT CAMBOURNE,
CAMBRIDGE, CB23 6BW

Full Name: _____
 Job Title: _____
 Organisation: _____
 Address: _____

 Tel _____ Fax: _____
 Email _____
 Special Dietary Requirements _____

COST: £50 'EARLY BIRD' FEE (BOOKED BEFORE 12
DECEMBER)
 £70 FEE (BOOKED ON OR AFTER 15 DECEMBER)

By Cheque: Made payable to Motor Neurone Disease Association _____

By Credit Card: Card Type _____
 Card Number _____
 Amount £50.00 / £70 _____

Valid From _____ Expiry Date: _____

If using Switch, please give issue number _____

For security, please write the last three numbers on the reverse of your card: _____

By Bank Transfer: Motor Neurone Disease Association, Lloyds TSB Bank Plc, George Row, Northampton.
 Account No: 02952679 Sort Code: 30-96-09 _____

Please Invoice

Listed below are the topics for workshop sessions, please indicate your choice of 2

<input type="checkbox"/>	NIV – practical demonstration	<input type="checkbox"/>	Cough management – practical demonstration
<input type="checkbox"/>	Tracheostomy interventions	<input type="checkbox"/>	Carer / user perspective

Please return to: Regional Admin Services, MND Association, PO Box 246, Northampton NN1 2BG
 Email: regionaladminservices@mndassociation.org
 Tel: 01604 611882