

**APPLICATION FORM - SSHA ANNUAL CONFERENCE  
Brighton - Friday 11th to Sunday 13<sup>th</sup> September 2009**

Name:

Current Post:

Name and Address of clinic:

Telephone Number:

SSHA Region:

E-mail Address:

Unite/SSHA Member no:

**Please tick which type of conference place you would like**

**SSHA Members**

- |  |                          |
|--|--------------------------|
| £385 Single occupancy accommodation            | <input type="checkbox"/> |
| £285 Double occupancy accommodation            | <input type="checkbox"/> |
| £198 Day delegate                              | <input type="checkbox"/> |
| £233 Day Delegate attending Sat evening Dinner | <input type="checkbox"/> |

**Non SSHA Members**

- |  |                          |
|--|--------------------------|
| £485 Single occupancy accommodation            | <input type="checkbox"/> |
| £385 Double occupancy accommodation            | <input type="checkbox"/> |
| £298 Day delegate                              | <input type="checkbox"/> |
| £333 Day Delegate attending Sat evening Dinner | <input type="checkbox"/> |

(If sharing please give name of sharer \_\_\_\_\_)

Do you have special dietary needs? Yes      No

*If yes please state here:*

Do you require any special assistance due to a disability? Yes      No

*If yes please state here:*

Do you require an invoice? Yes      No

*If yes please provide a name and address for invoice if different from above:*

Forms & Cheques should be made payable to: **S.S.H.A. Conference 2009** and sent to:  
David Wilson, SSHA Treasurer, Flat 2/1, 160 Onslow Drive, Dennistoun,  
Glasgow. G31 2PZ david.wilson6@nhs.net