

APPLICATION FORM - SSHA One Day Conference 2017 Cardiff

Saturday 23rd September 2017 - Cardiff
Unite the Union, 1 Cathedral Street, Cardiff CF11 9SD

Name:		Current Post:	
Name and Address of clinic:		SSHA Region:	
Telephone Number:		SSHA Member no:	
E-mail Address:			

Please tick which type of conference place you would like

SSHA Members

£50.00

Non SSHA Members

£60.00

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: **Society of Sexual Health Advisers**, and sent to:
Mary Collett, Health Adviser Clinical Assistant, Dept of Sexual Health, Cardiff Royal Infirmary, Glossop Terrace, Cardiff CF24 0SZ. Martin.murchie@nhs.net. & linda.Furness@wales.nhs.uk

BACS transfer info – Unity Bank sort code 60-83-01 Acc No 30199583 please use delegates name or invoice number as reference **NB: Conference place will be confirmed on receipt of payment**