

**APPLICATION FORM - SSHA One Day Conference 2017 Cardiff**

**Saturday 23<sup>rd</sup> September 2017 - Cardiff**

Unite the Union, 1 Cathedral Street, Cardiff CF11 9SD

|                                    |  |                        |  |
|------------------------------------|--|------------------------|--|
| <b>Name:</b>                       |  | <b>Current Post:</b>   |  |
| <b>Name and Address of clinic:</b> |  | <b>SSHA Region:</b>    |  |
| <b>Telephone Number:</b>           |  | <b>SSHA Member no:</b> |  |
| <b>E-mail Address:</b>             |  |                        |  |

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

**SSHA Members**

£80.00

**Non SSHA Members**

£90.00

Do you have special dietary needs?

 es

 o

*If yes please state here:*

Do you require any special assistance due to a disability?

 es

 o

*If yes please state here:*

Do you require an invoice?

 es

 o

*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. [Mary.Collett@Wales.nhs.uk](mailto:Mary.Collett@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**

