

**APPLICATION FORM - SSHA ANNUAL CONFERENCE
Brighton - Friday 11th to Sunday 13th 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