

Booking Form Childhood Epilepsy Masterclass Thursday 18 November 2010

Thursday 18 November 2010 9.00am – 4.30pm Neville Childhood Epilepsy Centre, NCYPE, Surrey

Title:	First name:	Surname:	
PLEASE PRINT CLEARLY (As you would like it to appear on your badge and certificate)			
Job title:			
(As you would	d like it to appear on your bad	dge)	
Organisation:			
Work telep	phone:		
Work ema	il:		
(PLEASE PRINT CLEARLY. All future course correspondence will be sent by email)			
•	ve any specific food aller se specify :	gies or dietary requirements?	YES / NO
Will you require a parking space?		YES / NO	
Administration Fee There is a £10 administration fee to register your place on this Masterclass (non refundable). Please post the completed booking form, along with your cheque to: Masterclass Booking, The Childhood Epilepsy Information Service, NCYPE, St Piers Lane, Lingfield, Surrey RH7 6PW.			
I enclose a cheque for £10 made payable to 'The NCYPE' []			
We will be place befor	offering guided tours of the the start of the Master	thood Epilepsy Centre the Neville Childhood Epilepsy Central class at 8.45am and at the end of the centre, then please indicate below:	he day at 4.30pm. If
I would like	a guided tour of the Ne	ville Centre at:	
08.45	[]		
16.30	[]		

If you require further information, please contact Caroline Newman on 01342 832243 ext 424 or email cnewman@ncype.org.uk