

DIZZINESS FOR THE PHYSICIAN

MONDAY 7TH AND TUESDAY 8TH SEPTEMBER 2009

BOOKING FORM

Name _____

Occupation _____

Place of work _____

Correspondence
address _____

Contact number _____

Email address _____

Booking Type Day Rate £295 Full Rate £350

Do you have any
special
requirements? _____

I enclose a cheque payable to Newcastle upon Tyne NHS Foundations Trust
for the appropriate amount.

(Signature)

Please return this form as soon as possible to **Dr Joanna Lawson, Falls and Syncope Service, Royal Victoria Infirmary, Queen Victoria Road, Newcastle upon Tyne NE1 4LP** as soon as possible.
Bookings will not be accepted without full payment and completed Booking Forms.

Tel: 0191 2825237 . Fax: 0191 2825338. Email:joanna.lawson@nuth.nhs.uk

If you require an invoice please email dawn.jungerius@nuth.nhs.uk