



SCREENING FOR INFECTIOUS DISEASES IN PREGNANCY



Tuesday 23rd November 2004
9:30 hrs. - 16.30 hrs

Registration Form

Surname (Dr/Mr/Mrs/Ms/Miss):

First Names (Block Capitals):

Post Held:

Name of Trust

Correspondence Address:

(BLOCK CAPITALS)

Post Code:

Email address /Tel. No.:

Dietary Requirements:

Signature & Date:

Payment: Fees must be paid in **advance by cheques**, made payable to:
'Birmingham and Black Country Strategic Health Authority'

PLEASE NOTE: We are unable to guarantee a place without payment of the registration fee. Once we have received your registration form we will send you confirmation of your place by letter and email. If you have not received this within one week of the study day, please contact us on the enquiry number below.

The completed registration form & payment should be returned to:

Joyce Emanuel

PA - Screening Team

The Perinatal Institute

2nd Floor - Crystal Court Aston Cross

BIRMINGHAM

B6 5RQ

Telephone: 0121 687 3470 Fax: 0121 687 3401

Email: joyce.emanuel@perinatal.nhs.uk