

BOOKING FORM

**Minor Illness Masterclass
Wednesday 9th December 2009
10am – 4pm**

Title (please delete): Dr / Mr / Mrs / Miss / Ms

Surname:.....

First Name:.....

**Home
Address:**.....
.....

Tel. No...... **E-mail:**.....

**Work
Address:**.....
.....

Tel. No. **E-mail:**.....

Any special needs (dietary/disability):

Are there any topics which you would like us to cover?

Do you have a case which you would like to discuss? Please give brief details:

Where did you hear about us?

Please return to Jill Fenwick at the address below, together with a cheque for £90 made payable to “Dr Ellis and Partners”.

*Dr Ellis and Partners, Churchfield Medical Centre, 322 Crawley Green Road, Luton LU2 9SB.
Tel 01582 399 442, Fax 0844 884 0138
Email: jill.fenwick@gp-E81075.nhs.uk
Web: www.minorillness.co.uk*