**Foundations for Implementation Workshop**

***Registration Form***

***Thursday, 11 June 2020***

Palliative Care Institute Liverpool

Academic Palliative & End of Life Care Centre

University of Liverpool

North West Cancer Research Centre

200 London Rd

Liverpool, L3 9TA

***9.30am – 4.00pm***

***Please complete your details below***

|  |  |  |
| --- | --- | --- |
| **Name:**  |  |  |
| **Organisation:**  |  |  |
| **Role:** |  |  |
| **Contact Address:**  |  |  |
|  |  |  |
| **Tel No:**  |  |  |
| **Email:**  |  |  |
| **Dietary Requirements:** | **Diabetic** [ ]  **Gluten Free** [ ]  **Vegan** [ ] **Vegetarian** [ ]  **Nut allergy** [ ]  **Other** [ ] **Please list**  |
| **Hotel information required?**  | **Yes** [ ]  **No** [ ]  |
| **Travel information required?** | **Yes** [ ]  **No** [ ]  |
| **Additional Comments:**  |  |
| **Signature:**  |  | **Date:**  |
| **Please return form to:**  | **Karen Ross @** **karen.ross15@nhs.net** **Tel No. 07725416538** |
| **Payment Method:** | **Please indicate preference:-** [ ]  **Cheque – made payable to “The University of Liverpool”.** [ ]  **Bank Details:-** **BANK NAME: BARCLAYS BANK PLC** **BANK ADDRESS: 48 & 50 LORD STREET, LIVERPOOL, L2 1TD.****ACCOUNT NAME: THE UNIVERSITY OF LIVERPOOL** **ACCOUNT NUMBER: 60908533** **SORT CODE: 20 – 51 – 01** **SWIFT CODE: BARCGB22** **IBAN NUMBER: GB87BARC20510160908533** |