**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***

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| --- | --- | --- | --- |
| **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**](mailto: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** | | |