

CPD - 4 - IT
'Getting ahead of the IT Curve'
Monday, 18 October 2004
Thackray Museum Conference Centre, Leeds

REGISTRATION FORM

Title/Name <i>(by which you wish to be addressed at the Conference)</i>	
Authority/Hospital	
Position/Department	
Full Address	
Telephone Contact Number	
Mobile Number	
Fax Contact Number	
Email	
I enclose £95 registration fee (Please indicate whether you require a receipt) Yes _____ No _____	

When paying by BACS, reference **PT5071** must be quoted on the remittance

Please make cheques available to: **Leeds Teaching Hospitals NHS Trust**
and send with copy of completed registration form to:

**Diane Young, Leeds Teaching Hospitals NHS Trust, Chemical Pathology,
Block 20, St James's University Hospital, Beckett Street, Leeds, LS9 7TF
0113 -2064107**