

Registration Form

Workshop with Professor Frank Keefe

**COGNITIVE-BEHAVIOURAL APPROACHES TO PAIN COPING
SKILLS TRAINING: BASIC ELEMENTS & ADVANCED ISSUES**

INPUT, Pain Management Unit, St. Thomas' Hospital

8th – 9th December 2006

Please print clearly in block capitals. Your name, place of work and position held will be used for your name badge, the attendance list and your certificate of attendance.

Full name and title.....

Place of employment.....
.....

Profession/Position held.....

Postal address.....

Postcode..... Tel No.....

Email.....

Special dietary requirements or other special needs
.....

Please tick the boxes as appropriate.

I have enclosed a cheque for £120

(Please note that this is the only form of payment we are able to accept and cheques must be made payable to Guy's and St. Thomas' NHS Foundation Trust)

I would like to be sent directions and/or a map.

I am interested in a social event (e.g. meal or drinks) on the Friday evening.

For further information please contact:

Ciaran Wazir,
INPUT Secretary,
St. Thomas' Hospital
London SE1 7EH
Tel: 020 7188 4718
Email: ciaran.wazir@gstt.nhs.uk

Reservation is a contract. Cancellations must be made in writing and will be subject to a 10% administration charge. No refunds will be made for cancellations notified within fourteen days of the event, but substitute delegates will be accepted at any time.
