



**Severn
Hospice**

**Bicton Health
SHREWSBURY
Shropshire
SY3 8HS**

Tel: 01743 236565

Fax: 01743 261511

Email: jennyg@severnhospice.org.uk

B o o k i n g F o r m

| | |
|--|--|
| Name | |
| Course Title(s) | |
| Date of course | |
| Place of Work and position held | |
| Address | |
| Email | |
| Telephone No. Work | |
| Telephone No. Home | |
| Name and address for invoicing if different from above | |
| Please state where you heard about this course | |

You may photocopy this booking form, then please complete and return it together with a cheque for the full fee, made payable to Severn Hospice at the above address, please mark the envelope for the attention of Jenny Gough. Places will be reserved on receipt of your booking form. Places cancelled within 7 days of the course will be charged at the full rate, unless there are exceptional circumstances.

For office use only

| | | |
|----------------|-----------------|--------------------|
| Date received: | Cheque details: | Cash details: |
| Invoice sent: | | Confirmation sent: |



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