

**AUTUMN MEETING 2023 - REGISTRATION FORM**

**Thursday 26TH October 2023**

**The Miskin Manor Hotel, Groes-Faen, Pontyclun,**

**Mid Glamorgan CF72 8ND**

|  |  |  |
| --- | --- | --- |
| **NAME:** |  |  |
| **ADDRESS:\*** |  |  |
|  |  |  |
|  |  |  |
| **EMAIL:** |  |  |
| **TELEPHONE:** |  |  |
| **GMC Registration No:\*\*** |  |  |

*\*Your workplace address please*

*\*\*Required for Certificate of Attendance confirming RCP CPD accreditation*

|  |  |  |
| --- | --- | --- |
| I will attend the Dinner\* (please note this is for the evening meal and not the lunch time buffet)  |  | YES/NO |
| *Special meal requirements:* |
| **Accommodation is available for North and Mid Wales delegates only. If you do require accommodation, please indicate which night you will require a (single) room:** |
| Wednesday 25th October 2023: |  | YES/NO |
| Thursday 26th October 2023: |  | YES/NO |

**Please return this form to: claire.guy@wales.nhs.uk, and contact me directly if you have any queries. My telephone number is 01554 783569.**

Thank you

**Claire**