SUMMARY CARE RECORDS BRIEFINGS

To book a place:

* Please complete a separate registration form for each attendee. An email address is required for confirmation of your place.
* Any question or queries, please telephone 01282 731000.

BOOKING DETAILS

|  |  |
| --- | --- |
| **Pharmacy Name** |  |
| **Pharmacy Postcode** |  |
| **Pharmacy Telephone** |  |
| **Pharmacy ODS/PPA code** |  |
| **Name of Attendee** |  |
| **Email Address** |  |
| **Role** | Pharmacist □ | Technician □ |
| Pharmacy Assistant/Dispenser □ | Pre-Reg □ | Locum □ |

DIETARY REQUIREMENTS

|  |  |  |  |
| --- | --- | --- | --- |
| None □ | Vegetarian □ | Halal □ | Other (please state) □ |

**I WOULD LIKE TO ATTEND THE FOLLOWING SCR BRIEFING SESSION: Please note all briefings commence at 6.30pm with Registration and Refreshments and the briefing at 7.15pm**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Date** | **Area** | **Venue** |
| □ | **12 July 2016** | Boroughbridge | **Best Western Crown Hotel, Horsefair, Boroughbridge, YO51 9LB** |

PLEASE RETURN THIS FORM BY EMAIL TO: **mlcsu.screvents@nhs.net**

***If you are having trouble emailing the form, please just email the relevant details above (including date/venue of the briefing you wish to attend) to mlcsu.screvents@nhs.net***