**Allergy Training Day for Primary Care**

**Friday 21st October 2022**

**REGISTRATION FORM**

1. **PLEASE EMAIL REGISTRATION FORM TO:**

Allergy.secretaries@addenbrookes.nhs.uk

|  |  |
| --- | --- |
| **Name** |  |
| **Surname** |  |
| **Work address** |  |
| **Email address**(for confirmation of registration) |  |
| **Bank transfer/ Cheque for £20** payable to **‘The Allergy Clinic Fund’**  | (please tick) |

1. **PLEASE EMAIL THE ALLERGY SECRETARIES FOR DETAILS OF BANK TRANSFER**

**OR POST CHEQUE FOR £20 PAYABLE TO ‘THE ALLERGY CLINIC FUND’ TO:**

 Allergy Department, Clinic 2a, Box 40, Addenbrooke’s Hospital, Hills Road, Cambridge, CB2 0QQ