**United Kingdom Haemophilia Centre Doctors’ Organisation Annual**

**General Meeting**

***Thursday 2nd and Friday 3rd November 2017***

Queen Elizabeth II Conference Centre,

Broad Sanctuary, London SWIP 3EE

**Registration Form**

**Name**:

**Hospital**:

**Email address**:

**Thursday 2nd November**

I will be attending the Meeting Sessions (open to members & special guests by invitation only)… … … … … Yes / No

I wish to tender my apologies for Thursday … … … ………………………………………………………… Yes / No

I will require lunch on Thursday… … … … …… … … … …… … … … …… … … … …… … … … … Yes / No

*Please specify any special dietary requirements*:

**Thursday 2nd November - Dinner**

In would like to reserve a place at dinner on Thursday evening… … … … … … … … … … … … Yes / No

*Please specify any special dietary requirements*:

**Friday 3rd November**

I will be attending the UKHCDO AGM (open to members & special guests by invitation only) … … … Yes / No

I am unable to attend the UKHCDO AGM and wish to tender my apologies… … … … …… … Yes / No

I will require lunch on Friday… … … … … … … … … … … … … … … … … … … … … … … … … … Yes / No

*Please specify any special dietary requirements*:

**Please return this form by Friday 13th October 2017**