



**GLENFIELD PRACTICAL LUNG PHYSIOLOGY COURSE  
20<sup>th</sup> – 21<sup>st</sup> NOVEMBER 2013**

**Registration form**

**NAME:** .....

**CURRENT POST:** .....

**ADDRESS:** .....  
.....  
.....

**CONTACT NO.** .....

**E-MAIL:** .....

**ATTENDING COURSE DINNER?**      **Yes**                      **No**

**Registration fee: £250 (course dinner included)**  
**Please make cheques payable to UHL Education and Research**

Please post completed form together with registration fee to Gail Fretter,  
Respiratory BRU, Glenfield Hospital, Groby Road, Leicester, LE3 9QP.  
E-mail: [gail.fretter@uhl-tr.nhs.uk](mailto:gail.fretter@uhl-tr.nhs.uk)