

British Syringomyelia Chiari Group

Meeting booking form
Please complete, detach and return
to the postal address given overleaf.

Name: _____

Position: _____

Unit: _____

Address: _____

Postcode: _____

E-mail: _____

I wish to attend the meeting to be held

on: _____

at: _____

I wish to pay by:

BACS transfer: 40-52-40; 00011969

Cheque* (enclosed)

* Payable to Ann Conroy Trust

Thursday evening:

I will be attending the evening dinner

Please note, you will need to confirm your intention
to join the evening dinner with the hotel, when you
make your room reservation

Ann Conroy Trust

Support • Education • Research



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