# National Lymphoma Day
# An education day for nurses

Wednesday 16 September 2009

## Payment

**I would like to attend the National Lymphoma Day on Wednesday 16 September 2009**

There is a registration fee of £20.

☐ Please invoice me **or**

☐ I enclose a cheque/PO payable to *Lymphoma Association* **or**

☐ Please deduct the sum of £20 from my credit or debit card:

Mastercard/Visa/AMEX/Maestro (delete as appropriate)

| | | | | | | | | | | | | | | | |
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| Valid from | | | | Expiry date | | | | 3 digit security code* | | | Issue No (Maestro) | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | |

* Last three digits on signature strip.

Please send confirmation with receipt to:

## Registration form

### National Lymphoma Day

To register for the National Lymphoma Day please complete the following information in block capitals and return to the address below:

| | |
|---|---|
| Name | |
| Job title | |
| Ward/dept | |
| Hospital | |
| Address | |
| Postcode | |
| Tel no/mobile | |
| Email | |
| Dietary reqs | |

Please send completed registration form with payment of £20 to:

Lymphoma Association,
PO Box 386, Aylesbury, Bucks HP20 2GA