**Sickle Cell and Thalassaemia Training Day**

**Registration Form**

**Name:**

**Job title:**

**Department:**

**Site:**

**Email address:**

**Date attending course (delete as appropriate):**

**Monday 1st July, 2019**

**Monday 22nd July, 2019**

**Wednesday 11Th September, 2019**

**Dietary requirements:**

**Email to** [**info@ststn.couk**](mailto:info@ststn.couk) **stating the course name (Sickle Cell & Thalassaemia Training) in the subject with the specific date you would like to attend.**