



## Course Booking Form

Name: (for certificate of attendance purposes please print your full name clearly)

Post Title:

Address:

Email & Telephone number:

Course Title

Date of Course

**FEE £35.00 ½ day £70.00 whole day**

**Please make payments to:**

***Addenbrookes Charitable Trust 9037***

**Please return booking form to:**

**Administrator  
Box 105  
Addenbrooke's Hospital  
Hills Road  
Cambridge  
CB2 2QQ**

**Tele 01223 217769 (3769)**

**Email: [bereavementcareservices@addenbrookes.nhs.uk](mailto:bereavementcareservices@addenbrookes.nhs.uk)**