

EPILEPSY NURSES NON-MEDICAL PRESCRIBING MEETING 6TH MARCH 2012

GREAT BARR HOTEL

EXIT 7 M6 MOTORWAY, NEWTON RD
GREAT BARR, BIRMINGHAM
WEST MIDLANDS, B43 6HS

Dear colleagues

It is with great pleasure I invite you to attend a meeting on prescribing issues for epilepsy specialist nurses. This meeting is designed to meet the requirement for nurse prescribers to update regularly.

During this meeting we will hear from some of the leading specialists in epilepsy and will discuss treatment and prescribing issues as well as an update on the changing NHS.

This meeting will be jointly organised by UCB Pharma Ltd and ESNA. On behalf of UCB, The Turner Agency will be providing secretariat support for the meeting. To register for the meeting and confirm your attendance please complete and return the reply slip overleaf or send an email containing your professional details (title and name, job title, hospital name and address) to kayli@tta-int.com. Once registered please can you also send a cheque for the delegate fee of £30 made payable to ESNA. This should be sent to TTA at the following address:

The Turner Agency, The Thorne Business Park, Forge Hill, Bethersden, Kent, TN26 3AF, UK.

We hope you will find the meeting informative and educational, and I look forward to seeing you on the 6th March.

Yours Sincerely



Mel Goodwin
Epilepsy Specialist Nurse, ESNA Chair

This meeting is jointly organised by UCB Pharma Ltd and ESNA. Your delegate costs will contribute towards venue costs and subsistence. UCB sponsorship will support venue and subsistence costs, conference secretariat fees and other logistical support. All speakers sponsored by UCB Pharma Ltd

Code number: 4940600001193

Date of Prep: January 2012

Please complete and return to the Conference Secretariat at: The Turner Agency, The Thorne Business Park, Forge Hill, Bethersden, Ashford, Kent, TN26 3AF

I would like to accept the invitation to the Epilepsy Nurses Non-Medical Prescribing Meeting on Tuesday 6th March 2012
YES / NO

NAME: _____ JOB TITLE: _____

ADDRESS: _____

TELEPHONE NO: _____ EMAIL ADDRESS: _____

SPECIAL DIETARY REQUIREMENTS: _____

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ESNA



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REPLY



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