

Critical Care Networks of England,

Wales and Northern Ireland

**National Critical Care Networks AGM**

**Monday 27th April 2020**

NETWORK ATTENDANCE FORM

**The Studio - Escape Room. 7 Cannon Street, Birmingham, B2 5EP**

**Meeting 10.30 am – 3.30 pm with registration and refreshments from 10.00 am**

Network Directors/Managers should complete and return this form listing the details of their representative team members. Forms should be returned to Dorothy Bailey Lancashire & S Cumbria Critical Care ODN Administrator at: Dorothy.Bailey@lthtr.nhs.uk by Friday 27th March 2020.

*NB. It is the responsibility of attendees to inform Dorothy Bailey of any changes prior to the event.*

Please complete all fields and print your details clearly.

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| --- | --- |
| Network |  |
| Network Director/Manager Name  |  |
| Contact telephone number |  |
| Contact e-mail address |  |

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| --- | --- | --- | --- |
| Attendees | Job Title | Contact e-mail | Any special dietary or other requirements |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |

Please ensure that you have included contact details as members will receive notification of registration. Confirmation e-mails will be sent by return.

If you have any queries regarding this event please contact Dorothy on 01772 524475

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| **Organising team use only** |
| **Date form received from Network** |  |
| **Date confirmation sent to attendees** |  |