**SOUTH WEST NEUROMUSCULAR ODN**

**PROFESSIONAL TRAINING EVENT - ATTENDANCE TITLE**

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| **EVENT TITLE** |  |
| **PURPOSE OF EVENT** |  |
| **DATE EVENT HELD** |  |
| **EVENT ORGANISER** |  |

**Please print your details below:**

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| **NAME** | **JOB TITLE / ORGANISATION** | **E-MAIL ADDRESS** | **MAILING LIST?***Please tick if you wish to be added to the* *Network mailing list* |
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**Please return this attendance sheet to the Event Organiser.**