**West Midlands BACCH**

**with BACD, BAPA and CPSIG**

**Winter Meeting, Thursday 6th February 2025**

The Hawthorns, West Bromwich Albion Football Stadium,9 Birmingham Road, West Bromwich, B71 4LF

**REGISTRATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | | |
|  |  | |  |
| **Position:** |  | | |
|  |  | |  |
| **Place of Work:** |  | | |
|  |  |  | |
| **Contact Details:** | **Tel:** |  | |
|  | **Email:** |  | |

**CATERING PREFERENCES**

|  |  |
| --- | --- |
| **Non Vegetarian: no specific requirements** |  |
| **Non Vegetarian: specific requirements eg no fish** |  |
| **Vegetarian** |  |
| **Specific requirement e.g. gluten free, vegan, dairy free etc** |  |

We will attempt to accommodate all preferences.

|  |  |  |
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|  |  |  |
| **\*Method of Payment:** | **Cheque**  **only:** | **Payable to: West Midlands BACCH. Due to changes in Trust purchasing processes and requirements, it is no longer possible for us to raise invoices for this event. Please note that if you register you will be charged even if you do not attend.** |
| **COST:** | **£40**  **£50**  **£20** | **Consultants and career grade doctors**  **BACCH/BACD members**  **Non-members**  **Trainees and non-medics** |

\*Please return Registration Forms and cheques to: Anita Lallie

Children and Families Division

Birmingham Community Healthcare Trust

Moseley Hall Hospital, Old Hall, 1st Floor

Alcester Road BIRMINGHAM B13 8JL

Confirmation will be sent on receipt

For further enquiries email [anita.lallie@nhs.net](mailto:anita.lallie@nhs.net) 0121 466 6320