

**Central Region Eating Disorders Service
Education Day**

**Hutt Valley DHB Learning Centre
Hutt Hospital
Tuesday 19th October 2010**

Please complete and return this form no later than
Friday 8th October 2010 to: margaret.jones@huttvalleydhb.org.nz

or

CREDS HVDHB, PO Box 31907, Lower Hutt

Your name:

Discipline and name of your workplace/DHB:

Sessions:

Please indicate by name (see programme) which concurrent presentation you wish to attend, with a 2nd choice in case 1st choice is full.

Time	First choice	Second choice
1030-1145		
1230-1330		
1330-1445		
1505-1620		

Specific dis/ability requirements-please state what is required:

Specific dietary requirements for lunch-please state what these are:

Payment-please advise how you are paying and/or if cheque attached:

Directions to venue:



"Directions and
hospital map..doc"