

NORFOLK & NORWICH INSTITUTE FOR MEDICAL EDUCATION  
GP CONTINUING PROFESSIONAL DEVELOPMENT

# THE AUTUMN GP REFRESHER COURSE

Education Centre, Norfolk & Norwich University Hospital  
Wednesday 6<sup>th</sup> and Thursday 7<sup>th</sup> October 2010

## Wednesday 6<sup>th</sup> October

Childhood Neurodevelopment Disorders, Gastroenterology, Dementia  
**Clinical Demonstrations** Ophthalmology - Eye Clinic, Vascular Surgery  
Department.

## Thursday 7<sup>th</sup> October

Neurology, PCOS/Cushings, Disorders of the hair, Abnormal menstrual  
bleeding.  
**Clinical Demonstrations** ENT - ENT Out Patients, Respiratory Medicine  
Department.

(provisional programme - subject to confirmation)

---

**Cost of the two-day Course:           £125**

**Priority will be given to those applying to attend both days of the Course. However we also hope to offer a limited number of daily places at £70.00 per day.**

**Please complete the application on the reverse.** Places are awarded on a "first come – first served" basis.

NORFOLK AND NORWICH INSTITUTE FOR MEDICAL EDUCATION  
**POSTGRADUATE MEDICAL/GP EDUCATION CANCELLATION POLICY**

A full refund can only be claimed if the following notice is given to this office, in writing or by email, prior to the meeting/course date:

Lecture Meetings – 1 month

If you are unable to attend and are offering your place to a colleague, please notify us in writing of any changes.

NORFOLK & NORWICH INSTITUTE FOR MEDICAL EDUCATION  
GP CONTINUING PROFESSIONAL DEVELOPMENT

**THE AUTUMN GP REFRESHER COURSE**

Education Centre, Norfolk & Norwich University Hospital  
Wednesday 6<sup>th</sup> and Thursday 7<sup>th</sup> October 2010

I enclose cheque in the sum of £125 in payment for the full 2 day course

I enclose cheque in the sum of £70.00 – Wednesday  Thursday

Please make cheques payable to: “Norfolk & Norwich University Hospital NHS Trust”

Name:.....

Tel. no: .....Email: .....

Address:.....

.....

.....

Practice – if not given as address:

.....

Lunches & refreshments provided. Please indicate if you require a vegetarian meal:.....

**Please return this form to: Hayley Francomb, NANIME, Norfolk & Norwich University Hospital, Colney, Norwich, NR4 7UY.**

***NB .. This Course is not open to GP Registrars***