



The Hospital for Sick Children Nurses' League

**Application to attend the 81st Annual Reunion & AGM
on Saturday 29 September 2018**

Name: _____

Address: _____

Postcode: _____

Telephone: _____ Email: _____

Set	Month	Year
Start:	_____	_____
Finish:	_____	_____

* I would like to attend the League Annual Reunion & AGM and I enclose a cheque for £30.00[†] (student rate £10.00[†]) to cover the cost of coffee, lunch and tea.

* I would like to attend the League Annual Reunion & AGM and I enclose a cheque for £5.00[†] to cover the cost of coffee and tea only.

Are you attending a Set Reunion as well as the League Annual Reunion & AGM? *Yes *No

* delete as necessary

[†] Please note that the cost of refreshments and lunch should not deter you – see the form on the next page for help with this expenditure.

Cheques should be made payable to: **The Hospital for Sick Children Nurses' League**

Send this form and your cheque to:

Mrs Vivienne Davis, Hon Treasurer
6 Shelleys Court
Manor Fields
Horsham
West Sussex
RH13 6SE

NOTES

Cheques must be received by **Friday 8 September 2018**
Late bookings will not be accepted

If you require a receipt for your cheque please enclose
a stamped self-addressed envelope.

Please bring your own name badge with the month and year of your set on it!

