**School of General Practice**

**PRACTICE MANAGERS APPRAISAL TRAINING**

**THURSDAY 24 / FRIDAY 25 MAY 2018**

**Milton Hill House, Steventon, Oxfordshire OX13 6AF**

NAME: ………………………………………………………………........................................

PRACTICE NAME AND ADDRESS: …………………………………………………….........

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TEL: ………………………….............................................................................................

EMAIL: ……………………………………………………………………………………...........

PRACTICE ROLE: .........................................................................................................

I WOULD LIKE TO ATTEND THIS APPRAISAL TRAINING **□**

Any special dietary or other requirements:

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I am aware that there will be a fee of £250 payable if I do not attend or do not cancel my booking before the 18 May 2018.

**Please reply by 11 May 2018 at the latest:**

**Email**: gpadmin.tv@hee.nhs.uk

**Fax:** 01865 785580