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Seating Awareness Day: 20th October 2010

We would like to formally invite you to our Seating Awareness Day.

It will provide you with the opportunity to gain a comprehensive understanding of the need for specialist seating within healthcare environments and will gain an understanding on the principles of seating including posture and positioning, pressure management and tissue viability. Most importantly, the cost for the day is only £82.25 (inc VAT), which includes a hot or cold luncheon too!

The venue

Venue: Venetian Suite, Best Western Fir Grove Hotel, Knutsford Old Road, Warrington, WA4 2LD
Date: Wednesday, 20th October 2010
Time: 08:30 – 16:10

We are delighted to announce that our **guest speaker** for the day is **Fiona Collins MSc DipCOT**. Please find enclosed the full Agenda for the day.

If you would like to attend please complete the Registration form overleaf quoting your Purchase Order number and either post for the attention of Liz Gatt, Marketing PA at the above address or fax back to Liz on 01440 706521 or email lizgatt@kirtonhealthcare.co.uk

We hope you will be able to attend and we look forward to seeing you.

Kind Regards

A handwritten signature in black ink, appearing to read "Beverly Wharton".

Beverly Wharton
Marketing Director

PS. Book early as places are limited!

Payment must reach us prior to the day to secure a place!



REGISTRATION FORM

Seating Awareness Day

Wednesday, 20th October 2010

Faxback on 01440 706521

or

email lizgatt@kirtonhealthcare.co.uk

Name: _____ Position: _____

Department: _____

Establishment: _____

Address: _____

Postcode _____ Telephone _____ Fax _____

Email: _____

Invoice Address (if different from above) _____

If more than one delegate:-

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

Dietary Requirements:

Total number of delegates at £82.25 (inc VAT) per head

**Payment must be sent with this Registration Form
by Cheque, Credit/Debit Card or an official Purchase Order**

Purchase Order Number _____ enclosed

I enclose a cheque (made payable to The Kirton Healthcare Group Ltd) £

Please debit my **VISA/MASTERCARD/SWITCH** -

Card Number:

Security Code: (last 3 digits on the signature strip on the reverse of the card)

Card Expiry Date: Issue No/Start Date (switch only)

Cardholder's Name: _____ Signature _____

A Proforma Invoice will be sent on receipt of payment or official purchase order

CANCELLATION

If cancellation period is less than 7 days before the event - no refund

If cancellation period is more than 7 days before the event - 50% refund