



Pregnancy Notes and GROW Workshops

Surname..... Forename.....

Post..... Hospital

Address (for correspondence).....

..... Daytime tel. no.....

Email.....

Please indicate any special dietary requirements.....

.....

Please enclose a cheque for £35 per person payable to:
'Perinatal Institute'

and return to:

**Claire Hallahan, Perinatal Institute,
Crystal Court, Aston Cross, Birmingham, B6 5RQ**

Places will only be allocated once payment has been received
Please return at least one working week prior to your chosen date

Tuesday 18th September 2007

Wednesday 21st November 2007