

# DONOR BREAST MILK IN THE CARE OF THE NEONATE

Date: Wednesday 5<sup>th</sup> May 2010 Time: 08.30 – 16.45

## Conference Application Form

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

First Name(s): \_\_\_\_\_

Job title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax No: \_\_\_\_\_

E mail: \_\_\_\_\_

Hospital: \_\_\_\_\_

Special dietary requirements: \_\_\_\_\_

**Venue:** Lecture Theatre, Training and Education Centre,  
Countess of Chester Hospital, Liverpool Road, Chester, CH2 1UL

**Registration fee:** £100 doctors / £75 other delegates

**Bookings will be confirmed on receipt of full payment**  
(Cheques only and should be made payable to “COCH Human Milk Bank Appeal Fund”)

**Please post application form with payment to:**  
Lynda Coulter, Human Milk Bank Manager,  
Countess of Chester Hospital, Liverpool Road, Chester CH2 1UL

For more information, call: +44 (0)1244 366416 or email: [lynda.coulter@coch.nhs.uk](mailto:lynda.coulter@coch.nhs.uk)



The Cheshire & North Wales Human Milk Bank is a registered charity – No. 1050015