

## Migraine Masterclass Series – REGISTRATION FORM

Please print clearly using BLOCK LETTERS and return by fax to: 020 7490 2183

I am confirming my attendance at your Masterclass on (please tick):

- 25th September on 'Migraine and Contraception' / 'How to use triptans'
- 23rd October on 'Treating patients with migraine' / 'Medication overuse headache'
- 27th November on 'Migraine in children' / 'Managing headache in pregnancy'

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Job Title:      GP      Specialist      Nurse      Other: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Daytime Tel No: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

the City of London  
**Migraine Clinic**

22 Charterhouse Square · London EC1M 6DX  
Tel: 020 7251 3322 · Fax: 020 7490 2183 · Website: [www.migraineclinic.org.uk](http://www.migraineclinic.org.uk)

Registered Charity no. 1115935 Company Limited by Guarantee (England and Wales), no. 5846538  
Registered Office as above

