Nutrition and Cancer: What Patients want to know (December)
Thursday 07 December 2017

Venue: The Education and Conference Centre, Stewart’s Grove, SW3 6JJ.

Audience: The study day is aimed at dieticians, nurses, doctors and other health care professionals working with cancer patients. Training conferences are created for professionals. If you are a patient and require information on Nutrition and Cancer, please consult your Clinical Nurse Specialist for more information or a referral to a Dietitian.

Aim: There is a wealth of information on diet and cancer – not all of it based on good scientific evidence. This study day will aim to look at popular areas of nutrition and cancer and untangle the myths from the evidence. It will focus on topics frequently raised by those with cancer.

Cost: £100 ‘Early Bird Rate’ until 31st August 2017, £120 per delegate thereafter.

Programme

08.45  Registration

09.30  Introduction – what people do and why. Did my diet cause my cancer?

09.50  What weight should I be during and after treatment? What is the role of exercise?

10.50  Do I need to avoid sugar?

11.20  Tea and Coffee

11.45  I have been told to avoid dairy – is this right?

12.15  Should I exclude meat in my diet? Should I eat organic food?

12.45  Lunch and Exhibition

13.45  Should I take a vitamin supplement?

14.15  Can I take herbal or homeopathic supplements?

14.45  Should I take probiotics?

15.15  Which superfoods should I have?

15.45  Should I follow an acid/alkaline diet?

16.30  Questions and close of day

www.royalmarsden.nhs.uk/nutrition
Advances in Nutritional Care

Event ID: 634 Date: 07/12/2017

ONLINE BOOKING NOW AVAILABLE

Please visit www.royalmarsden.nhs.uk/nutritionalcare-dec

ALTERNATIVELY FILL OUT YOUR DETAILS BELOW

Please complete details CLEARLY in BLOCK CAPITALS as this information is used to prepare event materials.

PERSONAL

Prof/Dr/Mr/Ms/Mrs/Miss: Surname: _____________________
First Name:_____________________________ Male/Female
Job Title: _________________________________________
Company:_________________________________________
Email:___________________________________________
Full Postal Address: (Please specify whether home [ ] or work [ ])
________________________________________________
________________________________________________
____________________________Postcode:_____________
Day Tel: _________________________________________

BOOKING CONDITIONS

In order to be registered for the event, full payment of the registration fee must be made with your application, unless an organisation is paying on your behalf. All bookings will be confirmed by email, unless otherwise requested. Please contact us if you have not received confirmation within 5-7 days of submitting your booking.

A 50% fee will be charged for cancellations made within 4-6 weeks of the event. For cancellations made within one month of the event, full payment will be due irrespective of whether the delegate attends the event or not.

PAYMENT BY CREDIT CARD OR CHEQUE

I enclose the sum of £120.00 by cheque made payable to: ‘The Royal Marsden NHS Foundation Trust’ or by credit / debit card (Visa / Mastercard / Switch only)

Credit Card / Switch Card No:
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Security No. (Last 3 digits on back of card) [ ] [ ] [ ] [ ]

Name of Cardholder: ________________________________
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PAYMENT BY INVOICE

If your employer has agreed to pay your fees and an invoice needs to be sent, it is essential that you give full details below of the contact name, department and full postal address. If any information is missing, your application will not be processed.

If your application form needs to be approved by your finance/personnel department, please ensure that it is processed and forwarded to us quickly. It is your own responsibility to ensure that your application is approved by your employer and forwarded to this office. We regret that we cannot do this for you.

Purchase Order Number (MANDATORY)
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Contact name of whom the invoice should be addressed to:

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Department: ____________________________

Organisation: ____________________________

Direct dial tel no: ________________________

Fax No: _________________________________

Email: _________________________________

Postal Address:
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GENERAL

Special dietary/other requirements:
________________________________________________

HOW DID YOU HEAR ABOUT THE EVENT?

Direct mailing [ ] Email [ ]

Royal Marsden Website [ ] Recommendation [ ]

Other website [ ] Journal/Magazine [ ]

Please state__________ Please state__________

Other________________________________________

APPLICANT’S DECLARATION:

Data Protection Act 1998: I agree to The Royal Marsden NHS Foundation Trust processing personal data contained on this form, or other data which may be obtained from me or other people or organisations whilst I am applying for this event. I agree to the processing of such data for any purpose connected with my attendance at The Royal Marsden NHS Trust events, or my health and safety whilst on Trust premises or for any other legitimate purpose. I agree to the terms and conditions above and confirm that payment for this event is enclosed/will be made in full before I attend.

Please tick if you do not agree to your email address being used to advise you of forthcoming events which may be of interest [ ]

Signature: __________________________

Date: __________________________

Please return this form to the Conference Office, Education and Conference Centre, The Royal Marsden NHS Foundation Trust, Stewarts Grove, London, SW3 6JJ

Email conferencecentre@rmh.nhs.uk or fax 020 7808 2334.
Please call 020 7808 2924 for further information.