**Exercise Training for COPD Update Registration**

**Saturday 8th February 2020**

**9.30 am – 4.30 pm**

Name: …………………………………………………………………………………

Email address: ……………………………………………………………………….

Tel/Mob: ……………………………………………………………………………….

Address: ……………………………………………………………………………….

………………………..………………………. Post Code: …………………………

Profession:

*Please tick*

* Exercise Teacher
* Physiotherapist/Assistant
* Occupational Therapist
* Nurse

Do you have experience and/or a qualification in teaching exercise to people with COPD?

* Yes
* No

Please return this completed form, together with your payment, *(cheques made payable to ‘BodyFocus Support Group’)* to:

Terri Bryant, BodyFocus Support Group, c/o 20 The Smithy, Denmead, Waterlooville, Hampshire PO7 6YS