

## MEN & WOMEN'S HEALTH GP MASTERCLASS

**Date: Wednesday 6<sup>th</sup> February 2019**

**Location: The Hilton Hotel, Elton Way, Watford WD25 8HA**  
Chairman - Dr Ian Gold

### Agenda & Booking Form

Time	Topic	Speaker
8.45	Coffee & registration	
9.00	Welcome and introduction	Dr Ian Gold
9.10	Benign prostatic hyperplasia	Mr Freddie Banks
9.50	Management of Infertility – A focus on Assisted conception	Dr Alpesh Doshi
10.30	Haematuria	Mr Anuj Goyal
<b>11.10</b>	<b>Coffee</b>	
11.30	Lifestyle Medicine in Men & Women's Health including PCOS	Mrs Nitu Bajekal
12.10	Urinary tract stones & emergency urology	Mr Raj Kucheria
<b>12.50</b>	<b>Lunch Tea &amp; Coffee</b>	
13.50	Urogynaecological problems	Mr Andrew Hextall
14.30	Medical problems in pregnancy	Miss Moneli Golara
15.30	Menopause & HRT	Mr Richard Sheridan
<b>16.10</b>	<b>Closing</b>	

This meeting will be sponsored by Pharmaceutical Reps sponsoring stand space only.  
Please take the time to speak to the reps at the event.



Scroll down for booking form:-



**Spire**

Bushey Hospital

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***PLEASE NOTE:*** We can only take reservations with a booking form and deposit cheque. If you do not book in advance and turn up on the day we may not be able to accommodate you due to the high volume of attendees and limited space.

**A certificate of attendance will be issued by e mail after the event.**

Name .....

Surgery Address .....

(In full please) .....

Postcode ..... Telephone No. ....

Email address .....

***(please write clearly as confirmation & certificate of attendance will be sent by e mail only)***

**This meeting is free of charge but subject to a £50.00 'refundable on the day' deposit. Please make the cheque payable to Spire Bushey Hospital.**

***No bookings will be accepted without a deposit cheque.***

A) Please reserve a place for me for the **whole day** [ ]

B) Please reserve a place for me for the **morning only** [ ]

C) Please reserve a place for me for the **afternoon only** [ ]

\*Please circle as appropriate: I am a **VEGAN\*** I am a **VEGETARIAN\***  
Please confirm if you have any allergies.

Please print off this form and return to me with your cheque to the following address:

***Tina Moss, Marketing Department  
Spire Bushey Hospital, Heathbourne Road, Bushey, Herts. WD23 1RD***

A confirmation e mail will be e mailed to you once I receive your form and cheque – Thank you.