



Spire

Bushey Hospital

# FROM THE CRADLE TO THE GRAVE GP Masterclass

Thursday 24<sup>th</sup> October 2019

**Location: The Hilton Hotel, Elton Way, Watford, WD25 8HA**

Chairman - Dr Ian Gold

## Agenda

Time	Topic	Speaker
8.45	Coffee and Registration	
9.00	Welcome and Introduction	Dr Ian Gold
9.10	Managing the enlarged prostate Including 10 mins Q & A	Mr Raj Kucheria
9.50	Latest techniques for the management of glaucoma Including 10 mins Q & A	Mr Alan Kosmin
10.30	Autistic spectrum disorder	Dr Deepshikha Thakur
<b>11.10</b>	<b>Coffee</b>	
11.30	Paediatric neurology – when to be concerned Including 10 mins Q & A	Dr Sushil Beri
12.10	Haematology cases Including 10 mins Q & A	Dr Momin Ahmed
<b>12.50</b>	<b>Lunch followed by tea/coffee</b>	
13.50	The Menopause & HRT Including 10 mins Q & A	Mr Tony Boret
14.30	Colon cancer – tips for GPs Including 10 mins Q & A	Mr James Hollingshead
15.10	Vulval & genital skin conditions Including 10 mins Q & A	Dr Victoria Swale
<b>15.50</b>	<b>Close</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.



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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 ..... GMC No.....

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, Events Executive, 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.