



THE IMPERIAL HOTEL RUSSELL SQUARE, LONDON WC1B 5BB

The CAH Support Group would like to invite you to an educational/social day at the above venue on **Saturday 22nd October**, which will run from **11am – 4pm**.

This meeting will primarily be of interest to parents of children with CAH, although everyone with an interest in the condition will of course be welcome to come along. Unfortunately we are not able to organise a crèche on this occasion, so any children attending will need to stay under the supervision of their parents.

We are delighted to announce that Professor Mehul Dattani, (Paediatric Endocrinologist from Great Ormond Street Hospital in London) and members of his excellent team of Clinical Nurse Specialists have kindly agreed to join us and are helping us plan an exciting agenda!

As well as talks by these medical professionals, we are also hoping that parents of children and adults with CAH, will share their own experiences and advice (if you would like to be considered for giving a short talk on the day, please e-mail: sue@cah.org.uk). An emergency injection training session is being considered too, which is always a useful exercise and we are looking at organising smaller group sessions, which will give everyone an opportunity to participate, if they wish to.

A sandwich lunch and refreshments will be provided. Although the day will be mainly financed by the support group, we are asking for a nominal admittance fee of £10 per person to help towards costs.

If you would like to attend please complete and return the reply slip at the bottom of this invitation along with your remittance. Numbers will have to be limited, due to the capacity of the function room, so bookings will be on a first come, first served basis (last date for booking 6/10/16).

Return to: Mrs Sallyann Blackett, Treasurer, CAH Support Group, 27 Fircroft, Kingsbury, Tamworth, Staffs. B78 2JU

Name: _____
Address: _____

I would like to reserve place(s) for the meeting in London. I enclose £..... payment. Cheques should be made payable to 'CAH Support Group'.

Please list attendee names:	Age (if under 18)
1).....
2).....
3).....
4).....

Please state any special dietary requirements:

We look forward to seeing you there! 