

Our Ref: DD/Invite

Ryedale Building  
4<sup>th</sup> Floor  
60 Piccadilly  
YORK  
North Yorkshire  
YO1 9PE

Dear Colleague,

**CET COURSE – WEDNESDAY 28 MARCH 2012  
AT THE NATIONAL RAILWAY MUSEUM, YORK**

I am writing to invite you to this year's North Yorkshire LOC CET course which is being run by Replay Learning. As those of you who have attended before will know, previous courses have been very informative and enjoyable and well worth a day out of practice.

This year the course has been subsidised by the Local Optometric Committee.

A programme for the day can be found on our website ([www.northyorkshireloc.co.uk](http://www.northyorkshireloc.co.uk)) and the course has been awarded **6 CET points** have been applied for. It is hoped that 3 of these will also count as therapeutic points.

Due to the high level of support from the LOC, it is possible to offer the course **free to optometrists registered with North Yorkshire Family Health Service**. Pre-registration students can attend the course for **£50** if their supervisor is registered with North Yorkshire Family Health Service. Dispensing opticians may attend and the fee is **£120**. For all other delegates the fee is **£120.00**.

**Please make cheques payable to 'North Yorkshire LOC'.**

If you would like to attend then please complete and return the enclosed reply slip. Due to the capacity of the venue, places may be limited so early application is recommended. If you book a place and fail to attend, a charge of £50 will be made.

Yours sincerely

**David Dowley**  
**North Yorkshire LOC**

Encs

# North Yorkshire LOC CET Course – REPLY SLIP

Wednesday 28 March 2012  
National Railway Museum, Leeman Road, York

I would like to attend the LOC CET course.

Name: .....

Practice address: .....

.....

.....

GOC no: .....

Special dietary requirements: Yes/No (*if yes please state*) .....

To enable you to receive maximum benefit whilst attending this event, please indicate if you require any further support

- Wheelchair access
- Hearing loop
- Other (*please state*) .....

I enclose a fee (*please make cheques payable to 'North Yorkshire LOC'*) of

- Free — Local optometrist
- £120 — Other optometrist
- £50 — I am a pre-registration student and my supervisor is: .....  
(*your supervisor must be on the local list*)
- £120 — I am a dispensing optician

**I understand that a fee of £50 will be made if I fail to attend**

Signature: .....

Date: .....

Please return this form with payment to:

Anne Coutts, Finance Department  
North Yorkshire & York PCT, Ryedale Building  
4th Floor, 60 Piccadilly  
York  
YO1 9PE