



For further information contact: Raine Chambers  
07909 995886, [raine.chambers@pfizer.com](mailto:raine.chambers@pfizer.com)

Website: [www.smahcp.co.uk/studydays](http://www.smahcp.co.uk/studydays)

ZCO 1120/12/11

## Vitamin D – The Wonder Vitamin?

**Symposium for Healthcare Professionals**

**Date: Tuesday 21st February 2012**

**Venue The Village Hotel, Deansleigh Road, Bournemouth,  
BH7 7DZ (opposite The Royal Bournemouth Hospital)**

**Time: 12.30 – 2:30pm**

professional  
**know-how**

## Dear Healthcare Professional

We are delighted to invite you to a symposium which has been specifically designed for Healthcare professionals.

The symposium will focus on Vitamin D, The Wonder Vitamin? Dr Peter Sawyer will be presenting.

This meeting will be an excellent way to meet and network with colleagues from other centres in your area.

We look forward to seeing you for what will undoubtedly be an informative and thought provoking meeting.

**Raine Chambers**  
Pfizer Nutrition

### Programme

12.30

Registration with refreshments

1.00

Dr Peter Sawyer  
Vitamin D: an Overview

2.30

Close

By signing and submitting this form, you agree to Pfizer's processing of your personal information for the purposes of your event registration and for our business purposes, such as research, and evaluation of our activities. You understand that your personal information may be transmitted to other Pfizer group companies and contracted service providers for these purposes, both in the UK and in other countries where laws protecting personal information may not be equivalent to those in the UK.

## Registration form

Please complete this form and return to:

**Raine Chambers, Pfizer Nutrition**

**24, Sandpiper House, Stone Close, Poole BH15 4GE**

**Tel: 07909 995886 email: raine.chambers@Pfizer.com**

**Price: Free of Charge**

**Tuesday 21<sup>st</sup> February 2012 at The Village Hotel, Deansleigh Road, Bournemouth BH7 7DZ**

**I would like to attend the session 12.30 – 2:30pm**

Title (Mrs, Miss, Ms, Mr, Dr, Professor)

First Name:

Surname:

Job Title:

Department:

Address:

This is my:



Work address



Home address

Telephone Number

Email:

Special dietary requirements



Please send me information on future Pfizer Nutrition events



I am unavailable to attend the above symposium, but would like to receive information on future Pfizer Nutrition events