



NOHPG Position Paper

The use of no-spill design feeder/trainer cups

Complimentary Copy Return Slip

Please complete the details of the person you wish the Position Paper to be sent to

Name of the Manager

Department e.g Health Visitor Manager

Address

.....Post Code.....

Please complete your details

Copy requested by

Are you a member of the NOHPG Yes No

Contact address & telephone number

..... tel no