

Application Form

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| Title of course: Joint Pain Management | |
| Date: Friday 25 th May 2018 | |
| Delegates Title: | |
| Delegates First Name: | |
| Delegates Surname: | |
| Work Address: | Address for correspondence: (if different from left) |
| Telephone: | Email: |
| Signed: | |
| Date: | |
| Dietary requirements: <i>(please specify)</i> | |
| Fee: the conference fees include refreshments, lunch, and certificate of attendance Please note the registration fee is non-refundable and non-transferable Our preferred method of payment is by BACS transfer. | Doctor delegate: £150.00 Early Bird £100 pre 15th May 2018 Sort Code-20-49-17 Account Number-20745642 Please quote your name on the remittance and e-mail me once this has been done |
| Please check that places are available before making a BACs transfer. | |
| Please return your completed application form to: Name: Nichola Coleman Address: Leicester Bone & Tissue Bank, Glenfield Hospital, Groby Road, Leicester, LE3 9QP Telephone number: 0116 256 3016 Email: nichola.coleman@uhl-tr.nhs.uk | |