

Registration Form

Please complete all boxes with a (*) If you would prefer to print a registration form to post or fax back to us, please click [here](#) for a printable version (or whatever link you would prefer for this)

***Course Name & date:** (they can click on the course from a drop down box)

***Name**

Job title: S/N / Sr / ODP etc.

***Department / Name of Ward**

***Hospital:**

Hospital Address:

***Hospital Telephone Number:** **Extension.**

***Email address:**

(All course confirmation details and handouts are sent via email 1 week before the course takes place. Please ensure that the person who the details have been sent to will not be away 1 week before the course)

If self paying

Home address:

Home telephone number:

Mobile No:

Course cost:

(Please add VAT 20%)

Your purchase order number (if required by your Hospital)

Person to whom invoice is to be sent:

Dept:

Email Address:

Address:

Return of this registration form assumes authorisation had been obtained to attend the course, and all terms and conditions apply.

Please tick the box to confirm you have read *the Terms and Conditions of Booking'*