

R E G I S T R A T I O N F O R M
5th London Hip Ultrasound Course | 7-9 January 2020

Please complete legibly in block capitals.

BOOKING (please tick your choice)

£495 course fee including course material & refreshments

£540 as above *and course dinner*

Surname _____ Prof / Dr / Mr / Mrs / Ms (please circle)

First Name _____ Male / Female (please circle)

Job Title _____

Name of Institution _____

Full Postal Address (please specify if this is your work or home address)

City _____ Postcode _____

Country _____

Daytime Telephone _____ E-mail _____

Special dietary / other requirements _____

For safety reasons please tick if you use a wheelchair.

PAYMENT

We will send you an invoice upon receipt of your registration form. Places will not be confirmed until full payment has been received. We regret that we are unable to invoice private third parties or non-UK based organisations. Invoices for this event will be issued within a week upon registration and should be paid immediately to secure a place.

If your organisation wishes to be invoiced, your registration form must be sent in with a Purchase Order by Organisation and detail of where we should send the invoice. **We cannot book you for this the event without this documentation. If it is not attached, your application cannot be processed.** It is your own responsibility to ensure that a Purchase Order is issued and send along with your registration form.

CANCELLATION: Refunds for cancellations will be subject to a 20% administration fee. No refunds will be given for places cancelled within 4 weeks of the start date.

Please tick if you do not agree to your information being used to advise you of forthcoming similar events.

Signature _____ Date _____

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