Interventional Radiology Advance Course

18th June 2021

Application Form

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title: |  | | Initials: |  | | | Surname: |  | |
| Position: | |  | | | | | | | |
| Hospital: | |  | | | | | | | |
| Address for Correspondence: | | | | |  | | | | |
|  | | | | | | | | | |
|  | | | | | | | | Postcode: |  |
| Daytime Telephone Number: | | | | |  | | | | |
| E-mail Address: | | |  | | | | | | |
| Name as you wish it to appear on course certificate: | | | | | | | | | |
|  | | | | | | | | | |
| Special Dietary Requirements: | | | | | |  | | | |
| Registration Fee: | | | £100.00 | | | | | | |

Payment should be enclosed with a completed application form with cheques made payable to Norwich Radiology Academy, or please contact the Norfolk and Norwich finance department on 01603 287928 quoting the course name, date and cost code 109/685.

We regret refunds for cancellation cannot be made after the 1st of June 2021.

Please return this form to:

Frances Young, Radiology Academy, Cotman Centre, Colney Lane, Norwich, NR4 7UB

Tel: 01603 286140 Fax: 01603 286146 e-mail: frances.young@nnuh.nhs.uk

Data Protection Act:

Your name and hospital will be included in a list of participants which may be issued to delegates, speakers, sponsoring companies and other interested parties, please tick to confirm you agree or not:

I agree □

Do not agree □

[www.nnuh.nhs.uk/nra](http://www.nnuh.nhs.uk/nra)