Norwich Endovascular - Advanced Interventional Course

5th July 2024

Application Form

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| 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 for non EoE trainees.  £40.00 for EoE Trainees (reimbursed on attendance) | | | | | | |

Once registration form is received, details on how to make payment will be sent. We regret refunds for cancellation cannot be made after the 5th of June 2024.

Please return this form to:

Frances Young

email: frances.young@nnuh.nhs.uk

Tel: 01603 286140

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)