

NEUROANATOMY OF OPERATIVE APPROACHES

I WILL BE ATTENDING THE TWO DAY COURSE IN (INSERT DATE AND COURSE).....

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.....

I ENCLOSE THE COURSE FEE OF £400 CHEQUES PAYABLE TO:
LEEDS TEACHING HOSPITALS TRUST

NAME.....

ADDRESS.....

.....
.....

PHONE.....

EMAIL.....

SPECIAL DIETARY REQUIREMENTS.....

.....

METHOD OF PAYMENT

CHEQUE

CREDIT/DEBIT CARD (Contact Valerie Allerton)

SIGNATURE.....

Places are allocated on a first come, first serve basis.
Please return this slip and cheque to
Valerie Allerton
Department of Neurosurgery
Leeds General Infirmary
Leeds
LS1 3EX

Tel: 00 44 (0) 113 392 8413

Fax: 00 44 (0) 113 392 5414

Email: valerie.allerton@leedsth.nhs.uk