

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 £600 CHEQUES PAYABLE TO:
LEEDS TEACHING HOSPITALS TRUST

NAME.....

ADDRESS.....
.....
..
.....
..

PHONE.....

EMAIL.....

SPECIAL DIETARY REQUIREMENTS.....
.....
..

METHOD OF PAYMENT

☐

CHEQUE

☐

CREDIT/DEBIT CARD (Contact Atul Tyagi)

SIGNITURE.....

Places are allocated on a first come, first serve basis.

Please return this slip and cheque to

Jo Johnson

Surgical Training Programme Manager

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