



REGISTRATION FORM

THE FOURTH LEEDS INTERVENTIONAL TRAINEES COURSE

**Wednesday 30th September -
Friday 2nd October 2009**



Radisson SAS Hotel, Leeds

Name:

Job Title:

CCST Date/Year (1-6):

Supervising Consultant:

Hospital: Full name & address of Hospital:

Telephone No:

Email:

In view of the number of non attendees at this course, the decision has been taken to request a personal cheque to the value of £50.00 made payable to the British Heart Foundation. This cheque will be forwarded to the BHF should you fail to attend.

**Please return this form BEFORE Friday 31st July 2009 to
Millbrook Medical Conferences
at the address below:**

Millbrook Medical Conferences Ltd

Suite 3 Elizabethan House · Leicester Road · Lutterworth · Leicestershire LE17 4NJ

Tel: 01455 552559 Fax: 01455 550098

E: info@millbrookconferences.co.uk

