

**BRITISH JUNIOR  
CARDIOLOGISTS  
ASSOCIATION**  
**ANNUAL CONFERENCE**

**Friday 27 November 2009**  
**Hilton Coventry Hotel**



BRITISH JUNIOR  
CARDIOLOGISTS  
ASSOCIATION

## Registration Form

Title (Prof/Dr/Mr/Mrs/Ms): \_\_\_\_\_

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

Hospital: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Tel (inc STD): \_\_\_\_\_

Fax (inc STD): \_\_\_\_\_

Email: \_\_\_\_\_

Special Dietary Requirements: \_\_\_\_\_

\_\_\_\_\_

**I wish to attend the following two workshops:**

1. How to manage access sites during and after cardiac catheterisation
2. How to implant a permanent pacemaker
3. How to assess mitral valve disease using TTE and TOE

There is a refundable £100 registration fee which will be handed back at the registration desk.  
Please make cheques payable to Millbrook Medical Conferences - BJCA A/C

RETURN COMPLETED REGISTRATION FORM TO:



MILLBROOK

Millbrook Medical Conferences Ltd

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