

Imperial DOHNS Course

19th – 22nd January 2015

Please complete all sections of this form in BLOCK CAPITALS (you may type this form also)

Surname: _____

Forenames: _____

Date of Birth: ____ / ____ / ____

Address (for all correspondence):

_____ **Postcode:** _____

Telephone (daytime): _____

Telephone (evening): _____

Email: _____

Present Appointment:

Hospital: _____

Department: _____

Grade: _____

Speciality: _____

Please continue to the second page to complete the form...

Course Fee: £575

Please note that the fee does not cover accommodation. Please refer to the website for more information.

Please return your completed form to:

**Lorraine Hodges
St. Mary's DOHNS Course Administrator
Department of ENT Surgery
St. Mary's Hospital
Praed Street
London
W2 1NY**

Please tick appropriately:

- I enclose a cheque for **£575** made payable to **Imperial College Healthcare NHS Trust**

Please write your **name on the reverse** of the cheque, and **“reference SURI9”**.

- I wish to pay by credit card and will telephone Lorraine Hodges (020 331 27566)

Signature: _____ **Date:** ____/____/____

Limited places are available, and these will be allocated on receipt of application with payment.

Cancellations policy: Full refund if notice given 6 weeks in advance. 75% refunded for cancellations 2-6 weeks before the course. 50% refunded if notice given less than a fortnight before the course, but no refunds if cancellations are made 1 week before the course. This policy has been adopted as costs are incurred by the department for room and catering bookings made in advance of the course.