**Registration Form (confirmation by email)**

**Tuesday 24th June 2025**

**Venue: Austin Court, 80, Cambridge Street, Birmingham, B1 2NP**

|  |  |
| --- | --- |
| Surname | |
| Forename | Title |
| Hospital | |
| Correspondence Address | |
|  | |
|  | |
|  | |
| Tel | Fax |
| Email | |
| Mobile | |

**Amount Due :**

|  |  |  |
| --- | --- | --- |
| **Consultant** | **£200** |  |
| **SPRs** | **£150** |  |
| **AHP/non-medical** | **£100** |  |
| Special Dietary Requirements | | | |
|  | | | |
| ***There will be two additional sessions running between 13.00 hours and 15.00 – spaces are limited and will be allocated on a first come first served basis. Please note these will run parallel to afternoon lectures. Please indicate below if you wish to be included in either of these sessions – thank you.*** | | | |
| **Please tick sessions below if interested:**  **Aortic Root Wet Lab□ Virtual Reality Morphology Lab□** | | | |

**Please forward registration form to:**

[**Lorrainerichardson1@btinternet.com**](mailto:Lorrainerichardson1@btinternet.com)

**07711132946**

**Invoices will then be issued with BACS details for payment**

***By completing this form you are consenting for L.R. Associates to process your information for this and future meetings. Please note that your information is not shared with any other organisation***

***You may opt out of this process at any time by emailing lorrainerichardson1@btinternet.com***