**The Multidisciplinary Team and Aortic Dissection**

**Thursday 1st December 2022**

**Registration**

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| --- |
| Surname: |
| Forenames: | Title: |
| Grade: |
| Hospital/Institute: |
| Correspondence Address |
|  |
|  |
|  |
| Tel: | Fax: |
| Email: |
| Mobile: |

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| --- |
| **Registration Fees:****Amount Due** |
| **Medic**  | **£50.00** | **£** |
| **Allied Health Professional**  | **£25.00** |
| **Payment Method:****Cheque: 🞏 BACS: 🞏**  |
| **Special Dietary Requirements:** |
| **Any other Special Requirements:** |

**Invoices with the relevant information will be emailed to you once your application has been received.**

**Please return your form to** **lorrainerichardson1@btinternet.com** **(mobile: 077111 32946)**