**The Multidisciplinary Team and Aortic Dissection**

**Thursday 1st December 2022**

**Registration**

|  |  |  |
| --- | --- | --- |
| 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**](mailto:lorrainerichardson1@btinternet.com) **(mobile: 077111 32946)**