

6th Masterclass of Genito-Urethral Reconstructive Surgery

Part 2 Application Form

Please complete all sections of this application form in BLOCK CAPITALS. Incomplete applications CANNOT be processed. Post completed form to: Loxley Matthews, University College Hospital, Education Centre, 1st Floor West, 250 Euston Road, London NW1 2PG or send by email to loxley.matthews@uclh.nhs.uk

Fee details: Full three day rate: 7-9 Nov: **£600** (Early bird discount: register before 30 Sept - **£495**)
Individual day rates: 7 Nov: **£250**; 8 Nov: **£250**; 9 Nov: **£150**

If you have any questions, please call: 0203 447 7618 or 0203 447 9113

Personal details

Title: First name: Last name:

Job title: Specialty:

Hospital: GMC number:

Gender: F M Date of birth: Phone number:

Email address:

Home address:

Postcode:

Dietary requirements:

Signed: Date:

Payment details

Cheque: for £ made payable to 'UCLH NHS Foundation Trust'

Card: Type: Mastercard Visa Switch Delta

Card number:

Cardholder's name:

Expiry date: / Start date: / Switch issue number:

Security code: This is the three digit code on the reverse of your card

Invoice: Please invoice my health authority or sponsor

(Written documentation from your health authority or sponsor must be provided.)

Invoice address: