



2018

CPR & ANAPHYLAXIS UPDATE TRAINING COURSE REGISTRATION FORM

Attendee's full name as it will appear on the attendance certificate:

Address:

Post Code:

GMC/GDC/NMC No or Equivalent Registration Number:

Contact Number (s)

E-mail:

If you already have an account with Wigmore Medical please state reference:

I would like to reserve a place on the CPR and Anaphylaxis Update training course taking place on the following day:

- 29th January.....
- 21st February.....
- 26th March.....
- 1st June.....
- 9th July.....
- 3rd September.....
- 2nd October.....
- 12th November.....
- 3rd December.....

CPD Points - 4

Please state if you have special dietary needs.....



2018

Course fee: **£140**

Payment option:

I enclose a cheque for the above chosen course made payable to 'Wigmore Medical Ltd'

I understand that this is non- returnable should I fail to attend

I am paying by credit card

Card type: _____ Card #: _____

Start Date: ____ / ____ Exp Date: ____ / ____ Issue #: _____

Security # (last 3 digits on reverse of card): _____

Signed: _____

Please print name: _____

Please return with payment to:
Wigmore Medical Limited, Training Department, 23 Wigmore Street, London, W1U 1PL

PLEASE BE AWARE THAT YOUR PLACE WILL NOT BE OFFICIALLY RESERVED UNTIL THIS FORM AND FEE ARE RECEIVED.