



2018



DERMAL FILLERS BASIC TRAINING COURSE REGISTRATION FORM

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

Address:

Post Code:

GMC 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 Basic Fillers training course taking place on the following day. Please identify which course you would like:

- | | | | | | |
|--------------------------|--------------------------|---------------------------|--------------------------|----------------------------|--------------------------|
| 18 th January | <input type="checkbox"/> | 15 th February | <input type="checkbox"/> | 15 th March | <input type="checkbox"/> |
| 26 th April | <input type="checkbox"/> | 24 th May | <input type="checkbox"/> | 7 th June | <input type="checkbox"/> |
| 5 th July | <input type="checkbox"/> | 6 th August | <input type="checkbox"/> | 13 th September | <input type="checkbox"/> |
| 18 th October | <input type="checkbox"/> | 8 th November | <input type="checkbox"/> | 7 th December | <input type="checkbox"/> |

I **WILL / WILL NOT** be bringing a model to inject (**please circle where appropriate**). This is a very important aspect of your training. If you cannot find a model we will endeavour to source one for you if we are allowed **at least two weeks'** notice.

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



0207 514 5979



0207 493 9989



training@wigmoremedical.com



Wigmore Medical Ltd, 23 Wigmore Street, London, W1U 1PL

VAT Reg No. GB 707 5136 46



2018



Course fee: **£920**

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.

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