





NON-SURGICAL RHINOPLASTY TRAINING COURSE REGISTRATION FORM

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

Address:				
Post Code:				
GMC/GDC or NMC	Registratio	on Number:		
Contact Number (s)				
E-mail:				
If you already have	an accour	nt with Wigmore Medic	al pleas	e state reference:
		e on the Non-Surgical Rh ntify which course you w		y training course taking place on e:
9 th February	🗆	4 th June		12 th October
20 th April		3 rd August		30 th November 🗆
		(CPD Points	- 6)	
important aspect of	your train			e where appropriate). This is a very we will endeavour to source one
Please state if you h	ave speci	ial dietary needs		
0207 514 597)	0207 493 9989		training@wigmoremedical.com
M Wigmore Med	lical Ltd, 23	3 Wigmore Street, Londor	, W1U 1	PL VAT Reg No. GB 707 5136 46





2018



Course fee: £900 (this includes VAT)					
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.