

**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 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 Non-Surgical Rhinoplasty training course taking place on the following day. Please identify which course you would like:

9<sup>th</sup> February.....       4<sup>th</sup> June.....       12<sup>th</sup> October.....   
20<sup>th</sup> April.....       3<sup>rd</sup> August.....       30<sup>th</sup> November.....

(CPD Points – 6)

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 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

