



SCULPTraining

SCULPTRA TRAINING COURSE REGISTRATION FORM - 2018

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 Sculptra training course taking place on the following day. Please identify which course date you would like:

- | | | | |
|--------------------------|--------------------------|---------------------------|--------------------------|
| 8 th February | <input type="checkbox"/> | 2 nd August | <input type="checkbox"/> |
| 5 th April | <input type="checkbox"/> | 11 th October | <input type="checkbox"/> |
| 31 st May | <input type="checkbox"/> | 29 th November | <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 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



SCULPTraining



SCULPTRA TRAINING COURSE REGISTRATION FORM - 2018

Course fee: **£900 for the standard course** **(7 CPD Points)**

£500 for a Refresher day **(4 CPD Points)**

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.



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