

ADVANCED TOXINS & FILLERS 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 following training session (please tick chosen date):

YOU MUST HAVE EXPERIENCE OF CANNULAS TO ATTEND A TEAR TROUGH SESSION

Date	Morning	✓	Afternoon	✓
20 th January	Botulinum Toxins		Dermal Fillers (includes Tear Troughs)	
17 th February	Botulinum Toxins		Dermal Fillers (includes Tear Troughs)	
10 th March	Botulinum Toxins		Dermal Fillers (includes Tear Troughs)	
21 st April	Botulinum Toxins		Dermal Fillers (includes Tear Troughs)	
19 th May	Botulinum Toxins		Dermal Fillers (NO Tear Troughs)	
9 th June	Botulinum Toxins		Dermal Fillers (includes Tear Troughs)	
7 th July	Botulinum Toxins		Dermal Fillers (NO Tear Troughs)	
18 th August	Botulinum Toxins		Dermal Fillers (includes Tear Troughs)	
15 th September	Botulinum Toxins		Dermal Fillers (includes Tear Troughs)	
20 th October	Botulinum Toxins		Dermal Fillers (NO Tear Troughs)	
17 th November	Botulinum Toxins		Dermal Fillers (includes Tear Troughs)	
8 th December	Botulinum Toxins		Dermal Fillers (includes Tear Troughs)	

CPD Points – 8

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





2018



Course fee: £900 for full day
£500 for half day

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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0207 493 9989



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