

2018

**INTRODUCTION TO BOTULINUM TOXINS TRAINING COURSE**  
**REGISTRATION FORM**

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

\_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code:

\_\_\_\_\_

GMC/GDC/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 following training day. Please identify which course day you would like:

- 17<sup>th</sup> January.....
- 14<sup>th</sup> February.....
- 14<sup>th</sup> March.....
- 25<sup>th</sup> April.....
- 23<sup>rd</sup> May.....
- 6<sup>th</sup> June.....
- 4<sup>th</sup> July.....
- 15<sup>th</sup> August.....
- 12<sup>th</sup> September.....
- 17<sup>th</sup> October.....
- 7<sup>th</sup> November.....
- 6<sup>th</sup> December.....

(CPD Points – 8)

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



2018



Course fee: £750

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: \_\_\_\_\_

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(s) we will endeavour to source them for you if we are allowed at least two weeks' notice.

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

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.