

2018

## ZO 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: \_\_\_\_\_

**London Dates** Please tick which course(s) you would like to attend:

Basic		Intermediate		Advanced	
23 <sup>rd</sup> Jan	14 <sup>th</sup> May	24 <sup>th</sup> Jan	15 <sup>th</sup> May	8 <sup>th</sup> March	
22 <sup>nd</sup> Feb	11 <sup>th</sup> Jun	23 <sup>rd</sup> Feb	12 <sup>th</sup> June	13 <sup>th</sup> June	
6 <sup>th</sup> Mar	17 <sup>th</sup> Jul	7 <sup>th</sup> March	18 <sup>th</sup> July	19 <sup>th</sup> Sep	
16 <sup>th</sup> Apr	20 <sup>th</sup> Aug	17 <sup>th</sup> April	21 <sup>st</sup> Aug		

**Manchester Dates** Please tick which course(s) you would like to attend:

Basic		Intermediate		Advanced	
23 <sup>rd</sup> Jan	23 <sup>rd</sup> May	24 <sup>th</sup> Jan	24 <sup>th</sup> May		
20 <sup>th</sup> Mar	24 <sup>th</sup> July	21 <sup>st</sup> March	25 <sup>th</sup> July		

**Birmingham Dates** Please tick which course(s) you would like to attend:

Basic		Intermediate		Advanced	
31 <sup>st</sup> Jan		1 <sup>st</sup> Feb			

**Dublin Dates** Please tick which course(s) you would like to attend:

Basic		Intermediate		Advanced	
20 <sup>th</sup> Feb	19 <sup>th</sup> Jun	21 <sup>st</sup> Feb	20 <sup>th</sup> June		
24 <sup>th</sup> Apr		25 <sup>th</sup> April			

**Glasgow Dates** Please tick which course(s) you would like to attend:

Basic		Intermediate		Advanced	
20 <sup>th</sup> Feb		21 <sup>st</sup> Feb			



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



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- Course fee: **£120 (Basic course)**   
**£120 (Intermediate course)**   
**£120 (Advanced course)**

*The above fees are taken as a deposit to safeguard against non-attendance. They are non-refundable and will be credited to your Wigmore Medical account once you have attended the course.*

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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