

BOOKING FORM - Fifth National Urogynaecology Nurse Specialist Conference

De Vere Hotel, Latimer Place, Latimer, Chesham, Buckinghamshire, HP5 1UG
Monday 12th March 2012

Please complete and return this form to:
The Registration Secretary, Genesis Medical Ltd
7 Trojan Business Park, Cobbold Road, London NW10 9ST

FEE £99
includes course material, lunch,
refreshments, attendance
certificate

CANCELLATIONS
Full refund until 9th February 2012, after
which no refunds will be made but tickets are
transferable.

Card details or Cheques will be held
and encashed only when a place is
allocated.

RESERVE ONE PLACE at £99

One form per person, form may be copied

BLOCK CAPITALS please...

Title:..... Forename:.....

Surname:.....

Job title / Position:.....

Place of Work:.....

Mailing Address:.....

..... Post Code:.....

Daytime Tel No & Extension:.....

Fax No/Email Address:.....

Dietary Requirements:.....

Tick as Appropriate: *(a receipt will automatically be provided)*

Please invoice *(include the invoice address if different to the above)*

A Cheque, payable to **Genesis Medical Seminar** for £99.00 is enclosed

Credit Card details: Visa Master Delta Debit Switch

Card Number:.....

Valid from date:...../..... Expiry date:...../..... Security Code:...../...../.....

Card Holder's Name:.....

Card Holder's Address:.....

..... Post Code:.....

Signature:..... Date:.....