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SEMINAR APPLICATION FORM

To register, please complete this application form and return with deposit or full payment. We shall reply confirming your place in the seminar once this payment has been received. Travel details will follow approximately 7 days before the seminar.

We intend to use the details given below to provide a name badge for you.

HOW DID YOU HEAR ABOUT THIS SEMINAR?

Email [] Fax [] JCA Website [] Colleague [] Other [] - please specify:

* NAME:

* JOB TITLE:

* HOSPITAL (where you work)
ADDRESS:

HOSPITAL TELEPHONE:

MOBILE TELEPHONE:

E-MAIL:

SEMINAR TITLE:

DATE(s):

COST OF SEMINAR:

PAYMENT DETAILS

Credit Card Payments Accepted

Cheques payable to: 'JCA SEMINARS'

BACS details: SORT: 09-06-66 ACCOUNT NO: 41584693

NAME & ADDRESS FOR INVOICE TO BE SENT:

TELEPHONE NUMBER FOR PAYMENT CONTACT:

I understand that my place will only be confirmed when payment is made in full at time of booking.

ALL PAYMENTS ARE NON-REFUNDABLE.

I hereby agree to the terms and conditions of booking

Applicant's Signature:

Date

Should you wish to enrol more than one person with one payment, please duplicate and complete a separate sheet for each applicant.