



Paediatric ECG Course

UCL Institute of Child Health

Great Ormond Street Hospital



REGISTRATION FORM

**Date of course you would like to attend*:*

Date	
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Personal

Title	
Name	
Job Title	
Hospital/Company	
Address	
Postcode	
Email	
Telephone	

General

Special Dietary requirements	
Vegetarian/ Vegan	
Allergies	

Payment

In order to be registered for the event, full payment of the course fees must be made with your application. At present we do not have a secure email link so we request that cheques for **£170** are made payable to **Dr Juan Kaski** and sent, with this form, to: 'Paediatric ECG courses'
28 Granville Road, St Margaret's Bay, Kent. CT15 6DR.

Cancellation Policy

We regret that, once registered, we will be unable to provide a refund. However, we may be able to offer a place on a subsequent course, provided the cancellation occurs at least 3 weeks before the course date.

Applicant's Declaration

Data protection Act 1998: I agree to 'paediatric ECG courses' processing personal data on this form whilst applying for this event and for any purpose connected with my attendance.

Applicant's signature: