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## Application Form

**Application:** Please complete this form, enclose a cheque for £195, payable to “Dr P Latthe” and send them to *Mrs. Julia Arnold, Education Resource Centre, Birmingham Women’s Hospital, Edgbaston, Birmingham B15 2TG, UK.*

**Contact:** Julia: Tel: 0121-623-6927, Fax: 0121-623 6922

E-mail: [Pallavi.Latthe@bwhct.nhs.uk](mailto:Pallavi.Latthe@bwhct.nhs.uk)

First Name	
Surname	
Postal Address	
Telephone	
Fax	
E-mail	
<b>Course Date</b>	<b>Please tick to indicate which date you wish to attend:</b>
16th Jan 2010, Saturday	
Special dietary requirement?	

### Cancellation Policy

Cancellations made at least two weeks before the event will be subject to a full refund less an administration fee of £45. It is regretted that cancellations made after this date cannot be refunded.

If we cancel the course due to unforeseen circumstances, please note that the maximum refund will not exceed the course fee.

**Signature:**

**Date:**