



Laparoscopic Training Session – Registration Form –

Please complete all details using BLOCK CAPITALS

Applicant's details

Preferred Salutation: Dr / Mr / Mrs / Ms / Miss / Prof.

Surname/ Family Name:

First name/ given name/ initials:

Job title:

Direct telephone:

Email address:

Institute/ Hospital/ Place of work

Organisation name:

Department:

Address:

Postcode:

Country:

Please circle which session you want to attend (max 12 applicants): **AM** **PM**

Payment details - please follow the instructions on the website and pay via PayPal.

Other information

How did you hear about us?

Do you have any special requirements? (dietary, accessibility)

Details:

Occasionally we e-mail previous participants about forthcoming courses or events, may we use your details for this purpose? Yes No

Once you have checked your information carefully please scan and email to:

londonlaparoscopy@gmail.com

Please confirm that you have read and accept the Terms and Conditions.

Signature:

Date: