

Midlands Ano-Rectal UltraSonography Course

The MARUS Course

Application form

| Title: | | Dr | Prof | Mr | Miss | Mrs | Other |
|-----------------|--|---------|------------|---------|-------|-------|-------|
| Forename: | | | Surname | | | | |
| Institution: | | | | | | | |
| Postal Address: | | | | | | | |
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| | | | | | | | |
| Postcode; | | | | | | | |
| Town: | | | | Country | y | | |
| Job Title: | | Doctor | Nurse | Technic | ian | Other | |
| Doctors: | | Consult | ant/traine | e Speci | ality | | |
| Email: | | | | | | | |
| Telephone | | | | | | | |
| Fee: | | | | | | | |

Registration fee £200

Payment in full to accompany application form.

Methods of Payment: Please make payment to "University Hospital Birmingham"

- By U.K. local cheque to "University Hospital Birmingham"
- By Bank Draft in GBP (Sterling) drawn on a London Bank
- By GBP (Sterling) Travellers Cheques

If a cancellation is made less than 15 working days before the course a cancellation charge of 30% of the fee will be levied. Where a fee has been paid for a course and a participant does not attend without notification, the full fee will be charged

Application form and registration fee should be sent to the address shown below.

University Hospital Birmingham NHS Foundation Trust

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