



2015

CPR & ANAPHYLAXIS UPDATE TRAINING COURSE REGISTRATION FORM

Attendee's full name as it will appear on the attendance certificate:

Address:

Post Code:

GMC/GDC/NMC No or Equivalent Registration Number:

Contact Number (s)

E-mail:

If you already have an account with Wigmore Medical please state reference:

I would like to reserve a place on the CPR and Anaphylaxis Update training course taking place on the following day:

- 23rd February.....
- 13th April.....
- 1st June.....
- 20th July.....
- 21st September.....
- 16th November.....

CPD Points - 4



0207 514 5979



0207 493 9989



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Wigmore Medical Ltd, 23 Wigmore Street, London, W1U 1PL

VAT Reg No. GB 707 5136 46



2015

Course fee: **£140**

Payment option:

I enclose a cheque for the above chosen course made payable to **'Wigmore Medical Ltd'**

I understand that this is non- returnable should I fail to attend

I am paying by credit card

Card type: _____ Card #: _____

Start Date: ____ / ____ Exp Date: ____ / ____ Issue #: _____

Security # (last 3 digits on reverse of card): _____

Signed: _____

Please print name: _____

Please return with payment to:
Wigmore Medical Limited, Training Department, 23 Wigmore Street, London, W1U 1PL

PLEASE BE AWARE THAT YOUR PLACE WILL NOT BE OFFICIALLY RESERVED UNTIL THIS FORM AND FEE ARE RECEIVED.