St George's Hospital London

14th Annual Transoesophageal Echocardiography Course

Thursday 13th – Friday 14th March 2008

Registration Form

Please fill out the following form and mail or fax it to:

Dr Stephen Brecker
Cardiothoracic Unit
Ground Floor AM Wing
St George's Hospital
Blackshaw Road
London SW17 0QT
England

Fax +44(0) 208 725 3328

Name: Prof. / Dr / Mr / Ms .....

Position: .....

Institution: .....

Mailing Address: .....

Telephone: .....

E-mail: .....

Special Dietary requirements: .....

(For a list of local hotels please call +44(0) 8725 5939 or Fax as above)

The Registration Fee is UK£335. Please note that cancellation made before 01.02.08 will receive a refund minus £25 administration fee. Cancellations after this date are not refundable but registration is transferable.

Payment can be made either by Cheque in £Sterling, drawn on a UK bank, or by Visa or Mastercard

* I enclose a cheque for £335 payable to '**TOE Courses**'

* I wish to pay by * Visa / * Mastercard and authorise you to debit my account with £335

VISA*/MASTERCARD* Number: | | | | | | | | | | | | | | | |

Cardholder Name (exactly as on Card): ..... Card Expiry Date: ...../.....
(Month (Year)

Last 3 digits of Security Code (on Signature strip on reverse side of the card) | | |

*** - Strike out alternatives as applicable**

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.....

(City) ..... (Post Code) ..... (Country) .....

Signed: ..... **Date:** .....