**St George's Hospital London**

**16th Annual Transoesophageal Echocardiography Course**

**Thursday 22nd – Friday 23rd April 2010**

# 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£350. Please note that cancellation made before 01.02.10 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 £350 payable to '**TOE Courses**'

* I wish to pay by * Visa / * Mastercard / * American Express and authorise you to debit my account with £350

VISA*/MASTERCARD*/AMERICAN EXPRESS* 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**

Card billing address (if different from mailing address above):

.....

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

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