

Application Form

Toshiba Medical Systems Ltd would like to invite you to a one day multimodality event

Topic: 'Leading Innovations in Vascular Imaging'
Date: Thursday, 13 May 2010
Time: 09:30 - 16:15
Venue: Wellcome Collection, 183 Euston Road, London, NW1 2BE, UK
Course Fee: Attendance: £100 (includes lunch and refreshments) early booking rate of £70 for registration before 1 May 2010

Name:

Position:

Hospital Name:

Hospital Address:

Tel No:

Mobile Tel No:

Fax No:

E-mail Address:

Dietary Requirements:

I confirm that I wish to attend the Toshiba multimodality study day being held at Wellcome Collection, 183 Euston Road, London, NW1 2BE, UK on Thursday 13th May 2010 and enclose a cheque for £_____

Signature

Date.....

Cheques should be made payable to 'Toshiba Medical Systems Ltd' and returned, along with the application form, by Friday 24th April 2010 to:

Maiko Davison
Toshiba Medical Systems Ltd
Boundary Court
Gatwick Road
Crawley
West Sussex
Tel: 01293 653768
Fax: 01293 653770