

Application Form

Bournemouth Hospital would like to invite you to a one day Cardiac CT study day.

Topic: 'Getting the most from your Cardiac CT scanner'
Date: Saturday, 25 September 2010
Time: 08:45 - 16:30
Venue: Royal Bournemouth Hospital, Castle Lane East, Bournemouth, BH7 7DW
Course Fee: Attendance: £145 Radiologists, £120 Registrars, £90 Radiographers (includes lunch and refreshments)

Name: -----
Position: -----
Hospital Name: -----
Hospital Address: -----
Tel No: -----
Mobile Tel No: -----
Fax No: -----
E-mail Address: -----
Dietary Requirements: -----

Where did you hear about this study day? -----

I confirm that I wish to attend the Royal Bournemouth Hospital Cardiac CT study day being held at the Royal Bournemouth Hospital on Saturday 25th September 2010 and enclose a cheque for £_____

Signature ----- Date-----

Cheques should be made payable to 'CT & MRI Education Fund' and returned, along with the application form, by Friday 10th September 2010 to:
Gill Hughes
Royal Bournemouth Hospital
Castle Lane East
Bournemouth BH7 7DW
Tel: 01202 704984 Email: Gillian.Hughes@rbch.nhs.uk