

FAX NUMBER
01322 669112

Customer Education Registration Form

To reserve your place please complete and return this form by fax or post using the contact details above.

Delegate Name :-

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Hospital/ Surgery:-

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Department:-

.....
Telephone No.:-

..... Ext

Email Address:-

.....
(Your confirmation and further correspondence will be sent to this email address)

<u>Region</u>	<u>R.Test</u>	<u>Diasys</u>
<u>2009</u>		
Glasgow	.. 04/11	.. 05/11
Northampton	.. 24/11	.. 25/11
<u>2010</u>		
London	.. 16/03	
Birmingham	.. 27/04	.. 28/04
Bristol	.. 18/05	.. 19/05
London	.. 13/07	.. 14/07
Edinburgh	.. 13/09	
Manchester	.. 14/09	

Venue
2009

Brands Hatch Place Hotel 17-19th Nov 2009

2010

Brands Hatch Place Hotel 23-25th Feb 2010

Brands Hatch Place Hotel 15-17th June 2010

Brands Hatch Place Hotel 9-11th Nov 2010

3-Day Residential Holter

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