

CUS Booking Form

I wish to attend the following (Please tick box (es):

☐ **COURSE** Course Title _____

☐ **TUTORIAL/MASTER-CLASS** Tutorial/Master-class Title _____

Course/Tutorial/Master-class date(s) _____

PERSONAL DETAILS

Full Name & Title _____ Profession: _____

Hospital/Organisation _____ Position _____

Address: _____

Postcode: _____ Telephone: _____

Email: _____

Dietary Requirements: _____

PAYMENT DETAILS

I wish to pay the tuition fees of (see course leaflet for fees) £ _____ by:

☐ Cheque - payable to AECC ☐ Credit Card (please circle type):

MASTERCARD VISA SWITCH MAESTRO

Card No: _____

Start date: ____/____/____ Expiry date: ____/____/____ Issue Number ____ 3 digit security no ____

Please complete this registration form and return (with cheque if applicable) to:

Centre for Ultrasound Studies, Cavendish House,
13-15 Parkwood Road, Bournemouth, BH5 2DF

Telephone: 01202 436505 Fax: 01202 436504

E-mail: sbattiston@aecc.ac.uk