## WORKSHOP ON FIBREOPTIC INTUBATIONAPPLICATION FORM

I would like to attend the two-day WORKSHOP ON FIBREOPTIC INTUBATION on 20 & 21 April 2016

PLEASE COMPLETE IN CAPITAL LETTERS

C C2 70 00 :

course dinner.	VA1, all course materials, lunches, refreshments and
Surname	First Name
Title: (Dr/Mr/Miss/Mrs/Ms)	Initials:
Job Title:	Postgraduate Qualifications
GMC Registration (Full/Limited)	Registration No
Department	
Full Hospital Address	
	Post Code
Daytime Tel No:	Mobile:
Email address:	
Signed	
If you wish correspondence to be sent to your home acabove)	ddress please give details below: (Please note: We still need hospital details

## CHEQUES SHOULD BE MADE PAYABLE TO:

University of Edinburgh

Please send completed application form to:

Hazel Cherrie

Course Co-ordinator

Department of Anaesthesia, Critical Care

& Pain Medicine, 2<sup>nd</sup> Floor,

Royal Infirmary

Little France

Edinburgh EH16 4SA

Tel: +44 013(1) 242 3151

Email: <u>hazel.cherrie@nhslothian.scot.nhs.uk</u>

Please submit your application form as soon as possible to secure your place on the course.

The organisers cannot guarantee any refund on cancellation or accept liability for costs incurred in the event of a course having to be cancelled as a result of circumstances beyond reasonable control.

