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**Registration Form**

Please complete the form below and send to Jason Smalley at Jason.smalley@nhs.net

***If you are booking on behalf of an NHS organisation, a purchase order number must be supplied to complete the booking.***

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| **Course Details: Auditory Neuropathy Spectrum Disorder – From Diagnosis to Management** | | |
| Date of course | Thursday 23rd September 2021  9.30 – 5 pm | |
| Address of course  Purchase orders to be made out to | Post Graduate Education Centre, Queens Medical Centre, Nottingham University Hospitals NHS Trust, NG7 2UH  If the course cannot run face to face, it will be online  Nottingham University Hospitals NHS Trust, Queens Medical Centre, Derby Road, Nottingham, NG7 2UH | |
| Registration Cost | Standard Professional : £50.00 per person | |
| **Your Details** | | |
| Title |  | |
| First name |  | |
| Surname |  | |
| Phone. |  | |
| E-mail |  | |
| Position |  | |
| **Your Postal Address** | | |
| Street (1st line) |  | |
| Street (2nd line) |  | |
| Town |  | |
| County |  | |
| Postcode |  | |
| **Your Billing/Invoice Address** | | |
| **This must be fully completed - If you are self-funding, please enter ‘As above’**  **If registration is being paid for by a hospital trust, a purchase order number must be supplied** | | |
| Account Payable Name | | **This must be entered** |
| Company / Hospital Name | |  |
| Name | | (the person to invoice) |
| Email Address | | (where to send the invoice) |
| Street (1st line) | |  |
| Street (2nd line) | |  |
| Town | |  |
| County | |  |
| Postcode | |  |
| Account Contact Tel No: | |  |
| **Purchase Order No.** | | **This must be entered if applicable** |
| **Special Requirements** | | |
| Booking Notes |  | |
| Dietary Requirements |  | |
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