****

 **REGISTRATION FORM**

TITLE, NAME:

JOB TITLE:

HOSPITAL ADDRESS:

PREFERRED EMAIL ADDRESS:

PHONE NUMBER:

 **REGISTRATION INFORMATION** (please delete as appropriate):

I WOULD LIKE TO ATTEND:

1. **Robotic & Lap TME Masterclass: YES, NO**

**12-13th September 2019, Queen Alexandra Hospital, £500**

1. **BASIC ROBOTIC SKILLS COURSE: YES, NO**

**26th October 2019, Queen Alexandra Hospital, £300**

1. **LAPAROSCOPIC SUTURING&STAPLING COURSE: YES, NO**

**1st November 2019, Queen Alexandra Hospital & VIMARS, £200**

1. **Robotic CME Masterclass: YES, NO**

**17-18th January 2020, Queen Alexandra Hospital, £400**

1. **RTTT – Robotic Train the Trainer Course: YES, NO**

**9-10th February 2020, Queen Alexandra Hospital & VIMARS, fees: TBA**

**PLEASE PROCEED FOR PAYMENT IN ORDER TO SECURE A PLACE !**

**After PAYMENT, please email at** **samvimars@gmail.com** **a SCREENSHOT of the payment confirmation and your name will be added on the participants list for the course(s) of choice.**

**Account Name: MART Ltd Barclays Bank name: Barclays**

**Sort code: 20-11-43, Account number: 83440141**

**Reference:** COURSE NUMBER (1,2,3,4,5 as above) AND YOUR NAME

IBAN: GB88 BUKB 20114383440141

Swift ID:  BARCGB22

**Please return this registration form to**  samvimars@gmail.com **Thank you!**