



Booking form

I would like to book a place on the following course:

Course title:

Course dates:

Name:

Title:

Email:

Employer:

- I am employed by the NHS in the South Central SHA (free of charge)
- I am employed by a university in the South Central SHA (£100)
- I am employed in the public sector outside of the South Central SHA (£300)
- Other (£500)

Payment of Fees (please tick relevant box)

- Fee enclosed (cheques payable to University of Southampton)
- Please invoice employer as detailed below

I accept the terms and conditions stated overleaf and enclose a cheque/invoice request

Total Payment: £

Delegate Signature:

Date:

If fees paid by invoice:

Authoriser's Name:

Signature:

Position held:

Name of organisation:

Address:

.....

Telephone:

Please return this form to:

RDS South Central
Level C (805)
Southampton General Hospital
Southampton
SO16 6YD

Tel: + 44 (0) 23 8079 6529
Fax: + 44 (0) 23 8079 6529

www.rds-sc.nihr.ac.uk