

## Application Form



# St Mark's Workshop on Anal Fistula

Friday 23<sup>rd</sup> June 2017

**Course Organiser: Prof Robin Phillips**

**I wish to apply for a place on the St Mark's Workshop on Anal Fistula and enclose a payment of:**

£ 175.00 - Consultants     £ 125.00 - Specialist Registrar & Trainee     £ 75.00 - Nurses

Mr / Mrs / Ms / Dr / Prof    Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Job Title: \_\_\_\_\_ Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

I heard about this course from  Website     Email     Post     Colleagues or friends

Accommodation details required     Dietary Requirements: \_\_\_\_\_

**Method of payment:** (Please tick appropriate box)

Cheque (UK Sterling) Please make payable to: **St Mark's Hospital Foundation**

Visa     Mastercard     Switch     Delta     Maestro

Card number: \_\_\_\_\_

Security Number (last three digits on the back of your credit card): \_\_\_\_\_

Expiry date: \_\_\_\_\_ Cardholder's name and address (if different from above): \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_

Please invoice to Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Contact:

#### St. Mark's Academic Institute

St Mark's Hospital Northwick Park Watford Road Harrow Middlesex HA1 3UJ UK

Telephone: +44 (0) 20 8235 4046/8 Fax: +44 (0) 20 8235 4039

Email: [info@stmarksacademicinstitute.org.uk](mailto:info@stmarksacademicinstitute.org.uk)

Web: [www.stmarksacademicinstitute.org.uk](http://www.stmarksacademicinstitute.org.uk)

Twitter: @StMarksHospital

- ❖ Attendance on this course is conditional upon advance payment being received.
- ❖ Refunds cannot be given in the event of your cancellation.
- ❖ St Mark's Hospital cannot accept liability for costs incurred in the event of a course have to be cancelled as a result of circumstances beyond its reasonable control.