

BASIC ECHOCARDIOGRAPHY

REGISTRATION FORM

Title: _____ Surname: _____ First name: _____

Address for correspondence:

_____ Post Code _____

Daytime telephone number: _____

E-mail address: _____

Place of Work: _____

To help us plan our course content please answer the following:

How long have you been performing echocardiograms? _____

Number of studies performed per year? _____

How did you hear about the course? _____

Have you any specific dietary requirements? _____

**I enclose a cheque made payable to "NHS Forth Valley Echo Fund"
for £295 or please advise us if you require to be invoiced.**

Signed: _____

CANCELLATION POLICY

Please note that cancellations received with less than 28 days notice will be liable for 50% cancellation fee. Cancellations received with less than 14 days will be liable for the full cost of the course.

Please return completed form to:

Joanne Cusack
Cardiology Investigations,
Cardiology Unit, 1st Floor,
Forth Valley Royal Hospital,
Larbert, FK5 4WR