



FACIAL REJUVENATION COURSE – 19th September, 2012.
Kings College, London (Guys Hospital Campus)

Name: _____

Dept: _____

Hospital: _____

Address: _____

Address: _____ Postcode: _____

Tel: _____ mobile: _____

e-mail: _____

I am interested in registering for the above course & would like to reserve ___ places at a cost of £705 per person.

Please charge my debit/credit card £_____. (5% surcharge for credit card applies)

Card number: _____ Expiry Date: _____

Security code: _____

Signature: _____

Or

I will transfer my payment directly into your bank account^a. Our bank details are below:

Bank: Barclays Bank

Bank Address: 50 Jewry Street, Winchester, Hampshire, SO23 8RG

Bank Account: 80563595 Sort code: 20-97-01

If you would rather pay by cheque, please send your cheque and this form to the address below.

To book your place please fax this form to 0845 130 5866.

All payments must be received at least 7 days prior to the start of the course.

Unfortunately due to the limited number of places available, we cannot reserve places on this course without receipt of a booking form and full payment.

♣ Please note this amount is in British Pounds Sterling (GBP). Please ensure payments are made in this currency

* Please make cheques payable to Advantech Surgical Ltd & send to: Rachel Bass, Advantech Surgical Ltd, 7 The White House, 42-44 The Terrace, Torquay, Devon, TQ1 1DE, United Kingdom.

^aPlease note that all fees associated with making this transfer are the sole responsibility of the sender.

Cancellations received up to four (4) weeks prior to the start of the course will receive a 50% refund.
Cancellations after this time will receive no refund.

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