Email: [**education.events@chriie.nhs.uk**](mailto:education.events@chriie.nhs.uk)

**Lapco Train the Trainer – 21st & 22nd January 2019**

**Event Registration Form**

**How to Book**

Post: Education Events, The Christie School of Oncology, Wilmslow Road, Withington, Manchester, M20 4BX Email: [**education.events@christie.nhs.uk**](mailto:education.events@christie.nhs.uk) Call: [**0161 446 3773**](http://www.christie.nhs.uk/school-of-oncology)

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| **Your Details: Please write clearly to ensure all correspondence is correct** | | | | | | | | |
| Title |  | | Full Name |  | | | | |
| Job Title |  | | | | | | | |
| GMC Number |  | | | | | | Are you a consultant? |  |
| Hospital |  | | | | | | | |
| Address |  | | | | | | | |
|  | | | | | | | | |
| Mobile Number | | |  |  | | --- | --- | | Secretaries Direct Line |  | |  |  | | | | | | | |
| Contact No. | |  | | | Email |  | | |
| Dietary/access requirements | |  | | | | | | |

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| **Training Information** | |
| |  |  |  | | --- | --- | --- | | Please summarise the extent of your current training activity |  | | | Please summarise your laparoscopic colorectal activity |  | | What level surgical trainees do you train? |  | |  |  | |
| Are you registered as a Fellow or SpR Trainer on the Lapco website? If yes, how many GAS forms have you recorded? | |  |  | |  |
| |  |  | | --- | --- | | Any further information relevant to training that you provide? |  | | |  |  | |  |

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| **Payment Details: Please indicate how you wish to pay your conference fees** | | | |
| Fees £695   1. **Cheque (Please make payable to The Christie NHS Foundation Trust)** 2. **Invoice (Please complete all of the below)** | | | |
| Purchase Order No. |  | Contact Name |  |
| Organisation |  | | |
| Invoicing Address |  | | |
| Email Address |  | **Telephone No.** |  |

\*Your booking will only be confirmed once we receive payment or an official PO number\*

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| **Please could you let us know how you found out about this event** | |
| Christie website/search result Attended previous Christie event  Christie marketing email  Social media Colleague recommendation Speaker recommendation  Print advert (please state)  Other (please state) |  |
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| any special dietary or access requirements |  |
| 3. In the event of a cancellation, you or your employer will be |  |

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| **Booking Terms & Conditions** | |
| 1. Payment should be made before the course commences. | charged the full fee if you do not inform the course organisers |
| If this does not occur, we reserve the right to cancel a booking | at least 5 working days before the event |
| in the case of non-receipt of payment prior to the day of course | 4. There will be an administrative charge of £30 for all |
| 2. It is the responsibility of the representative booking the training | cancellations unless a replacement delegate is identified |
| course(s) to ensure that the event organisers are informed of | 5. If another member of your organisation is processing your |
| any special dietary or access requirements | application, please ensure that your booking form is sent to the |
| 3. In the event of a cancellation, you or your employer will be | event production team in order to provisionally book a place |