 

**COURSE APPLICATION FORM: MRI Study Day 15th March 2022 (Teams)**

**Please send completed application forms to Irene.davis@stgeorges.nhs.uk**

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| Delegate Name |  |
| Profession/Title |  |
| Email Address |  |
| GMC Number (if applicable) |  |
| Trust/Employer Name & Address |  |
| Telephone Numbers |  |
| Course Fees: Consultant Radiologists £225 Clinical Practitioners £195 |
| **Payment Options -** Our preferred method of payment is by direct credit to our bank. All payments should be referenced **DSC1935**.

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| 1. Bank Transfer:

Sort code: 60-21-29Account number: 58305580 BIC:NWBK GB 2L For international transfers – IBAN: GB62 NWBK 6021 2958 305580Please use the reference **DSC1935** when making the bank transfer  | 1. Cheque Payment:

Cheque No:Payable to: **St George’s University Hospitals NHS Foundation Trust,** please write **DSC1935** at the back of the cheque.Send to the address below:Irene DavisBreast Screening Training Department,The Rose Centre,St George's HospitalPerimeter RoadLondonSW17 0QT |

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