

**COURSE APPLICATION FORM: TOMOSYNTHESIS STUDY DAY ON MONDAY 19TH SEPTEMBER 2022 VIA 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 |  |
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| **Payment Options -** Our preferred method of payment is by direct credit to our bank. All payments should be referenced **BC712587**.

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| 1. Bank Transfer:

Sort code: 60-70-80Account number: 10020241 BIC: NWBK GB 2L For international transfers – IBAN: GB44NWBK60708010020241Please use the reference **BC712587** when making the bank transfer1. Card Payment:

Please call the Cashier’s Office on 0208-7252981. We accept most bank cards and credit/debit cards. We do not except AMEX and DINERS credit cards.Please quote the reference **BC712587** when speaking to the Cashier.  | 1. Cheque Payment:

Cheque No:Payable to: **St George’s University Hospitals NHS Foundation Trust,** please write **BC712587** 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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