

**COURSE APPLICATION FORM: TOMOSYNTHESIS STUDY DAY ON MONDAY 19TH SEPTEMBER 2022 VIA TEAMS**

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

|  |  |
| --- | --- |
| Delegate Name |  |
| Profession & Title |  |
| Email Address |  |
| GMC Number (if applicable) |  |
| Trust/Employer Name & Address |  |
| Telephone Numbers |  |
|  | |
| **Payment Options -** Our preferred method of payment is by direct credit to our bank. All payments should be referenced **BC712587**.   |  |  | | --- | --- | | 1. Bank Transfer:   Sort code: 60-70-80  Account number: 10020241  BIC: NWBK GB 2L  For international transfers –  IBAN: GB44NWBK60708010020241  Please use the reference **BC712587** when making the bank transfer   1. 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 Davis  Breast Screening Training Department,  The Rose Centre,  St George's Hospital  Perimeter Road  London  SW17 0QT | | |