

REGISTRATION FORM

INTRODUCTION TO PHOTODERMATOLOGY 2024
GUY'S HOSPITAL, LONDON, SE1 9RT
Monday 16th September 2024 – Thursday 19th September 2024

Please complete clearly and in BLOCK CAPITALS

Last Name/Surname: First Names:.....

Prof/Dr/Mrs/Miss etc:..... Male / Female:.....

Full postal address:
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.....

Post Code: E-mail:

Contact Tel No: Fax No:

The Course fee is £750.00

To make a BACS payment – please email harsha.naik@gstt.nhs.uk for details

Dietary requirements
Vegetarian/ Vegan/ Halal etc
Other (Please state foods that you are allergic to)
Access Needs (Please specify e.g. wheelchair user, mobility difficulties, hearing impaired etc)

Please email this registration form to harsha.naik@gstt.nhs.uk