

Cardiac Sub-study Training Day

Wythenshawe Hospital, Manchester

Friday 11th June 2008



Registration Form

Please return to Aidan Roberson, fax 0131 275 7512 by Wednesday 21st May

Title _____

First Name _____

Surname _____

Position _____

Hospital _____

Address _____

E-mail _____

Telephone _____

Fax _____

I wish to attend

I am unable to attend

Please use the space below to indicate if you have any dietary requirements or if you require any additional arrangements to be made.