

Wounds UK 9th Scottish Conference 11th September 2008
Registration Form

I would like to secure a place at Wounds UK 9th Scottish Conference 2008 for:

BLOCK CAPITALS PLEASE

Title (Dr, Mr, Mrs etc): _____

Surname: _____

Forenames: _____

Job Title: _____

Preferred Mailing Address: _____

_____ Post Code: _____

Telephone: _____

E-Mail: _____

Signature:

Please secure _____ places for me.

(All details of additional delegates are required for registration purposes).

Booking Form must be accompanied by a cheque or credit card details.

1-Day Delegate (£55.00 + VAT = £ 64.62)

PAYMENT

Cheques to be made payable to Wounds UK

£ _____

I WISH TO PAY BY: (tick appropriate)

Credit Card Debit Card Visa Delta Switch Solo Mastercard Electron

£ _____

My Credit / Debit Card Number is:

Security No: _____

Issue Number: _____ Expiry Date: _____ Post Code (of Card Holder): _____

Signed: _____

Date: _____

Booking Conditions on Website apply www.wounds-uk.com

Registration Forms to be sent to:

Wounds UK

**Suite 3.1, 36 Upperkirkgate
Aberdeen, AB10 1BA**