



Booking form

I would like to book a place on the following course:

Course title: Statistical considerations for grant applications.....

Course dates: 17-18 Nov 2011

Name:

Title:

Email:

Telephone:

Employer:

I am employed by the NHS in the South Central SHA
(free of charge but I enclose a cheque for £25 which will be
returned on the day or cashed if I do not attend)

I am employed by a university in the South Central SHA (£75)

I am employed in the public sector outside of the South Central
SHA (£150)

Other (£250)

Payment of Fees (please tick relevant box)

Fee enclosed (cheques payable to University of Southampton)

Please invoice employer as detailed below

I accept the terms and conditions stated overleaf and enclose a cheque/invoice request

Total Payment: £.....

Delegate Signature:

Date:

If fees paid by invoice:

Authoriser's Name:

Signature:

Position held:

Name of organisation:

Address:

Please return this form to:

RDS South Central
Level C (805)
Southampton General Hospital
Southampton
SO16 6YD

Tel: + 44 (0) 23 8079 6529
Fax: + 44 (0) 23 8079 6529

www.rds-sc.nihr.ac.uk