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| --- | --- | --- | --- |
| **TITLE**  | **FIRST NAME** | **INITIALS**  | **LAST NAME** |
|  |  |  |  |
| **POSITION** |  |
| **HOSPITAL** |  |
| **TELEPHONE NUMBER** |  |
| **EMAIL ADDRESS** |  |
| **SPECIAL DIETS / ALLERGIES** |  |
| **PLEASE SELECT A PAYMENT METHOD:** |
|  | **I ENCLOSE A CHEQUE MADE PAYABLE TO ‘ESSENTIAL COURSES’ IN THE SUM OF £150.00.** |
|  | **I WILL MAKE A BANK TRANSFER IN THE SUM OF £150.00** **(PLEASE SEE COURSE INFO FOR INSTRUCTIONS)** |
|  | **I WILL TELEPHONE 0151 709 9125 x 2** **TO MAKE PAYMENT VIA VISA / MASTERCARD / MAESTRO.** |
|  | **PLEASE TELEPHONE ME AT \_\_\_am / pm ON \_\_\_\_\_\_\_\_\_** **TO COLLECT PAYMENT VIA VISA / MASTERCARD / MAESTRO.** |
|  | **PLEASE DEBIT MY CARD (VISA / MASTERCARD / MAESTRO)** **FOR THE COURSE FEE OF £150.00 (COMPLETE DETAILS BELOW):** |
|  **CARD NUMBER: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ EXPIRY DATE: \_ \_ / \_ \_**  **SECURITY CODE: \_ \_ \_ SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**CONFIRMATION OF COURSE PLACES WILL ONLY BE MADE ON RECEIPT OF A COMPLETED REGISTRATION FORM AND PAYMENT.
CANCELLATIONS MADE AFTER MAY 31st 2019 ARE TRANSFERABLE BUT NON-REFUNDABLE**



**Also available online at** <http://www.lmi.org.uk/esic>

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