





# Please indicate accordingly:

Surname:		N	//r/Mrs/Miss/Ms
Forename:			
Job Title:			
Email:			
Department:			
Hospital Address:			
	F	Postcode:	
Mobile Telephone No:			
How did you hear about this course?	TC website	Mailing	Other
Vegetarian  Please state any special dietary re	quirements		
PLEASE STATE TO WHOM INVOICES SHOULD BE GIVEN, ALL INVOICES WILL BE DIRECTED TO TH	•	O ALTERNATIVE CO	ONTACT IS
Signed			

## General Terms and Conditions of Newcastle Surgical Training Centre

### 1. Registration

Please complete and return the registration form, ensuring that all payment details have been completed in order to secure your place. Payment must be received no later than 6 weeks prior to the course. If payment is not received we reserve the right to allocate your place to another interested party.

## 2. Cancellation by the delegate

A full refund will be given for all courses cancelled no later than 4 weeks prior to the course date. For cancellations that are made after this date, we reserve the right to charge full participation fee. The full participation fee will also be payable for non-attendance unless under exceptional circumstances which will be at the centre manager's discretion.

#### 3. Course Content

We reserve the right to change/amend any course content and faculty at any time. However, we make every effort to ensure that all courses run as advertised.

#### 4. Cancellation of the Course

We reserve the right to cancel/reschedule any course without liability. A full refund of course registration fees only will be made to participants who are unable to attend on the rescheduled date.

Newcastle upon Tyne Hospitals NHS Trust & the Newcastle Surgical Training Centre gratefully acknowledges support from:

The Newcastle upon Tyne Hospitals

