

# BASIC ECHOCARDIOGRAPHY

## REGISTRATION FORM

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Address for correspondence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_

Daytime telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Place of Work: \_\_\_\_\_

**To help us plan our course content please answer the following:**

How long have you been performing echocardiograms? \_\_\_\_\_

Number of studies performed per year? \_\_\_\_\_

How did you hear about the course? \_\_\_\_\_

Have you any specific dietary requirements? \_\_\_\_\_

**I enclose a cheque made payable to "NHS Forth Valley (U706)" for £295.**

Signed: \_\_\_\_\_

### **CANCELLATION POLICY**

Please note that cancellations received with less than 28 days notice will be liable for 50% cancellation fee. Cancellations received with less than 14 days will be liable for the full cost of the course.

**Please return completed form to:**

Joanne Cusack  
Cardiology Investigations,  
Cardiology Unit, 1st Floor,  
Forth Valley Royal Hospital,  
Larbert, FK5 4WR