



Midlands Ano-Rectal UltraSonography Course

The MARUS Course

Application form

Title: Dr Prof Mr Miss Mrs Other

Forename: ----- **Surname** -----

Institution: -----

Postal Address: -----

Postcode; -----

Town: ----- **Country** -----

Job Title: Doctor Nurse Technician Other

Doctors: Consultant/trainee **Speciality** -----

Email: -----

Telephone -----

Fee:

Registration fee £200

Payment in full to accompany application form.

Methods of Payment: Please make payment to "University Hospital Birmingham"

- By U.K. local cheque to "University Hospital Birmingham"
- By Bank Draft in GBP (Sterling) drawn on a London Bank
- By GBP (Sterling) Travellers Cheques

If a cancellation is made less than 15 working days before the course a cancellation charge of 30% of the fee will be levied. Where a fee has been paid for a course and a participant does not attend without notification, the full fee will be charged

Application form and registration fee should be sent to the address shown below.