NETS FOR NEWCOMBERS

Thursday 23rd May 2024

Registration

Surname:				
Forenames:	Title:			
Grade:				
Hospital/Institute:				
<u>Correspondence Address</u>				
<u>Tel:</u> <u>Fax:</u>				
Email:				
Mobile:				
Registration Fees:				
Amount Due				
Member		£0.00		
Non Member		£40.00	£	
Special Dietary Requirements:				
Any other Special Requirements:				

Invoices with the relevant information will be emailed to you once your application has been received. Please return your form to lorrainerichardson1@btinternet.com (mobile: 077111 32946)