

Great Ormond Street Hospital for Children NHS Foundation Trust

# Practical Neurology Study Days

## BOOKING FORM

Please save this form and email it to [angela.mensah@ucl.ac.uk](mailto:angela.mensah@ucl.ac.uk)

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### CONTACT DETAILS

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Title

Name

Job Title

Organisation

Organisation Address

Phone

Email

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### EVENT DETAILS

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Please tick which days you will be attending:

18<sup>th</sup> April

19<sup>th</sup> April

20<sup>th</sup> April

21<sup>st</sup> April

22<sup>nd</sup> April

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Please save this form and email it to [angela.mensah@ucl.ac.uk](mailto:angela.mensah@ucl.ac.uk)

### PAYMENT DETAILS

Total Amount

Payment Method

Bank Transfer

Cheque

#### Bank transfer to be made to the bank details below:

Account Name: University College London  
Bank Name: Barclays Bank  
Address: 190 Tottenham Court Road, London W1A 3AT  
Account No: 40178691  
Sort Code: 20-10-53  
Swift Address: BARCGB22 05L  
IBAN: GB87BARC20105340178691

#### Payment Reference: 'Your Surname/Neuro SD'

Please note that the payment reference is required in order to confirm your booking.

#### Cheques should be made payable to 'University College London' and addressed to:

Angela Mensah, Developmental Neurosciences, UCL Institute of Child Health  
30 Guilford Street, London WC1N 1EH

#### Cancellation Policy

- More than 2 weeks' notice given - full refund
- Less than 2 weeks' notice given - 50% refund
- Less than 5 working days or non-attendance - no refund

Signature

Date