

# SYMPOSIUM APPLICATION FORM

**Title:** 13th Annual Paediatric Pain Symposium

**Date:** Friday 16<sup>th</sup> November 2018

**PLEASE USE BLOCK CAPITALS**

**Name:** .....

**Address:** .....

.....

.....

**Telephone No:** (Home).....(Work/Mob).....

**Email address:**.....

**Present Position:** ..... Medical:☐ Nursing:☐ AHP:☐

**Hospital/Organisation:**.....

**Dietary requirements (please state):**.....

Category	Fee Medics	Fee Nurse/AHP
<b>Early Bird</b> (Applications received by Friday 28 <sup>th</sup> September 2018)	£120	£100
<b>Standard</b>	£140	£120

Payment Method:

Cheque: ☐ BACS: ☐ Card: ☐

**Cheque** should be made payable to: '**GOSHCC (ST07)**'

**BACS** transfers an invoice will be raised on submission of this form

**Card** transaction's please pay at: [http://courses.gosh.org/13thpain\\_symposium](http://courses.gosh.org/13thpain_symposium)

Please do **not** send course fees to a PGO Account. No payments should be made to GOSH NHS Foundation Trust.

Completed application forms **and** means of payment should be sent to:

Pain Control Service Administrator  
4th Floor Old Building  
Great Ormond Street Hospital for Children NHS Foundation Trust  
London WC1N 3JH  
Tel: 0207 405 9200 ext 0412      Email address: [pain@gosh.nhs.uk](mailto:pain@gosh.nhs.uk)

**REFUNDS ARE NOT POSSIBLE FOR CANCELLATIONS MADE 2 WEEKS OR LESS PRIOR TO THE COURSE DATE. CANCELLATIONS ARE SUBJECT TO A £20 ADMINISTRATION FEE**

Office Use Only	Form No	Cheque/ invoice	Date Recd	Charges Total	Date Confirmation Sent	Date to finance