**Study Day Registration Form**

**Study Day Registration Form**

|  |
| --- |
| **COURSE DETAILS** |
| Name of Study Day | Immuno-Oncology Study Day |
| Date of Study Day | Thursday 6th July 2023 |
| Study Day Reference No. | 22 | Cost of Study Day | £ |
| **PERSONAL DETAILS** |
| Name |  |
| Job Title |  |
| Name of your Trust/Organisation |  |
| Address of workplace |  |
| Contact Tel: |  |
| Email Address |  |
| **PAYMENT (please indicate which payment method you choose)** |
| **1. Bank Transfer** [ ]  |
| ***Please quote the Study Day Reference number on any bank transfer followed by your initial and surname (example 02JBloggs)***Account Name: The Clatterbridge Cancer Centre NHSFTBank Name: National Westminster Bank PLCSort Code: 60-70-80Account Number: 10010637IBAN: GB71NWBK60708010010637  |
| **2. Payment on Invoice** [ ]  |
| If your employer is providing funding we will require confirmation from them and a purchase order before your course place is guaranteed. Please send your confirmation and a purchase order to ccf-tr.clinicaleducation@nhs.netPlease note that we cannot invoice on a purchase order number alone, we will require a copy of the actual purchase order. |
| **3. Payment by Credit Card** [ ]  |
| If you wish to pay by Credit Card, please call Clatterbridge Cancer Centre Cash Office on 0151 556 5969 with your credit card details between the hours of 10:00 and 16:00 Monday to Friday. |
| The Personal details included above may be shared with our event sponsor, please confirm your acceptance [ ]  |

**Please complete and return this form to:** **ccf-tr.clinicaleducation@nhs.net**