**Surname: …………………………………………………………………………….**

**Forename:……………………………………………………………………...........**

**Preferred Name for Certificate…………………………………………………**

**Organisation:………………………………………………………………………………………..**

**Job Title………………………………………………………………………………………………**

**Home Address: ………………………………………………………………………………….………………………………………………………………………………………..……………………………………………………………………………………………………………...**

**Telephone: ……………………………….Mobile:………………………………………….**

**Email:…………………………………………………………………………………………...**

**Pay by Credit / Debit card:**

**MasterCard Visa American Express (circle one)**

**Amount: £400**

**Card No:………………………………………………………………………………………..**

**Expiry Date:…………………………….. 3 Digit Security Code:…………………………**

**Name & Address of Cardholder:**

**…………………………………………………………………………………………………...…………………………………………………………………………………………………...….….…………………………………………………………………………………………….**

**Invoice:** If you have funding from your Trust (or employer) then we can arrange to raise an invoice, in which case, please provide full invoice details below.

**INVOICE DETAILS – Please print name of Health Authority and provide full postal address, telephone number and e mail address for your Finance Department, together with a purchase order number**

**PURCHASE ORDER NO:**

Please scan and email the completed form to:

carla.coxon@nhs.net

Tel: +44 (0)151 556 5220

 On receipt of registration form and payment, confirmation of registration will be sent to you via email

 **Cancellation of registration**

 Between 3 months and 1 month before the course, the refund will amount to 50% of

 the fee. No refund will be made if cancellation is made less than 1 month before the course.

**Registration Form**

**The Clatterbridge Cancer Centre**

Physics & Radiobiology Teaching for Therapeutic Radiographers

Monday 16th January - Friday 20th January 2023

Tuesday 24th January 2023 (Date TBC)