



Practical ENT Introductory Course

Please reserve me a place on the above course.

Course Date: _____

Name: _____

Position: _____

Address: _____

Phone number: _____

Email: _____

Where did you hear about the course: _____

Queen's Hospital

Please enclose a cheque for £95 made payable to:

'Ear Nose Throat Trust Fund'

Please send application form for Queen's Hospital to:

Andrea Walker, Secretary to Mr. Chatrath,
ENT Dept, Queen's University Hospital, Rom Valley Way, Romford, Essex, RM7 0AG
Tel: 01708 435 000 (x3744)
Email: Kathleen.mcauliffe@bhrhospitals.nhs.uk

Whipps' Cross Hospital

Please enclose a cheque for £95 made payable to:

'Whipps Cross University Hospital Medical Education and Research Trust.'

Please send application form for Whipps Cross to:

Heather Allen, Course Coordinator,
Medical Education Centre, Whipps Cross University Hospital, London E11 1NR.
Tel: 0208 539 5522 (x5789) Fax: 020 8558 8823
Email: heather.allen@whippsx.nhs.uk