



Clinical Ethics Workshop
Registration Form
Monday 29th – Tuesday 30th March 2010
Warwick Medical School
University of Warwick

Fees include full attendance to workshop per day, morning, afternoon refreshments and lunch and workshop literature

Please complete the form below and return by either email, or post to the following:

Paula Williamson
Medical Teaching Centre
Warwick Medical School
University of Warwick
Gibbet Hill Road
Coventry
CV4 7AL
Email: p.williamson.1@warwick.ac.uk
Tel: 02476 150881

Personal Information

Title		Forename	
<input type="text" value="Mr/Mrs/Miss/Ms/Dr/Professor"/>		<input type="text"/>	
Name			
<input type="text"/>			
Organisation			
<input type="text"/>			
Address			
<input type="text"/>			
Phone		Email	
<input type="text"/>		<input type="text"/>	

Workshop Registration

Attendance

1 Day - £100	<input type="text"/>	2 Days - £180	<input type="text"/>	Monday	<input type="checkbox"/>
				Tuesday	<input type="checkbox"/>
				Both	<input type="checkbox"/>

Car Parking

1 Day - £3.00	<input type="text"/>	2 Days - £6.00	<input type="text"/>
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Total Payable

Workshop: £100.00/£180.00	Car Parking: £3.00/£6.00	Total Payable: £.....
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Special Requirements (Please list any special requirements in relation to disability or diet)

Payment Method

Cheque Made payable to 'University of Warwick'	<input type="checkbox"/>
Invoice Employer Invoice Name: Address: Postcode: Contact telephone number:	<input type="checkbox"/>

