

FES COURSE APPLICATION FORM

NAME: _____

ADDRESS: _____
(home or work) _____

**Tel or
Email:** _____

Professional Body Registration No: _____
(if applicable)

COURSE LOCATION: _____

COURSE DATE: _____

COURSE TYPE:

Accreditation course for the ODFS: £428.88 with the option to keep ODFS Pace: £981.13

Accreditation course for the O2CHS: £317.25

Clinical Application of FES for Upper Limb: £223.25

ALL COSTS QUOTED ABOVE ARE INCLUSIVE OF VAT.

METHOD OF PAYMENT

Please either enclose a cheque made payable to: **Odstock Medical Ltd** or, if your employer is to be invoiced, **please inform us to whose attention, the FULL address the invoice is to be sent to and a reference number.**

**For the
Attention of:** _____

**Name of person/
company to be invoiced:** _____

Address to be invoiced: _____

**REF
NUMBER** _____

PLACES ARE ALLOCATED ON A FIRST COME FIRST SERVED BASIS. ONLY RECEIPT OF A COMPLETED APPLICATION FORM AND PAYMENT WILL SECURE A BOOKING. TELEPHONE BOOKINGS ARE TREATED AS PROVISIONAL BOOKINGS AND MUST BE FOLLOWED UP WITH AN APPLICATION FORM AND PAYMENT.

CANCELLATION POLICY

If you book for the course and subsequently cancel, the following charges will apply:-

6 weeks before the course	-	50% refund of course fees
4 weeks before the course	-	25% refund of course fees
2 weeks before the course	-	no refund will be given

BOOKING TERMS AND CONDITIONS

- All registrations are to be submitted through the Course Secretary.
- Delegates are required to make their own arrangements for hotel accommodation and transportation.
- The course organisers accept no liability for delegates accommodation and transportation.

Please return the completed application form to: Jan Hudson, Department of Medical Physics, Salisbury District Hospital, Salisbury, Wiltshire SP2 8BJ.