NETS FOR NEWCOMBERS

Friday 9th May 2025

Manchester Royal Infirmary,

Registration

Surname:				
Forenames:	Title:			
Grade:				
Hospital/Institute:				
Correspondence Address				
<u>Tel:</u>	<u>Fax:</u>			
Email:				
Mobile:				

Registration Fees:				
Amount Due				
Member	£0.00			
Non Member	£40.00	£		
Special Dietary Requirements:				
Any other Special Requirements:				

Invoices with the relevant information will be emailed to you once your application has been received. Please return your form to <u>lorrainerichardson1@btinternet.com</u> (mobile: 077111 32946)