Cambridge University Hospitals NHS
NHS Foundation Trust

Good Clinical Practice Training
April 2010 and May 2010
REGISTRATION FORM

Title: Prof/Dr/Mrs/Mr/Miss/Ms Name:

PLEASE WRITE CLEARLY AS THIS NAME WILL APPEAR ON YOUR CERTIFICATE OF ATTENDANCE

Department:
Address:
Postcode:

Tel:	Fax:

Email:

I WOULD LIKE TO ATTEND THE GCP COURSE ON: (please tick)

	Monday 26th April 2010 (08.30 – 12.30) Venue :Clinical School Seminar Room 2	HALF DAY SESSION
	Tuesday 25th May 2010 (08.30 – 12.30) Venue :Clinical School Seminar Room 3	HALF DAY SESSION
	Tuesday 25th May 2010 (13.00 – 15.00) Venue :Clinical School Seminar Room 3	REFRESHER COURSE**

**** Copy of current GCP certificate (within the last two years) must be attached for registration on the refresher course**

Please note that if a cancellation is made less than 14 days before the course no refund will be made. If you decide that you cannot make the date you booked for, you can transfer your booking to a later date, but please ensure that you inform us so that appropriate arrangements can be made.

Registration Fee: £60 per person half day session - £ 30 per person refresher course	
	Cheque enclosed (payable to: **Cambridge University Hospitals NHS Foundation Trust**)
	For non-CUHNHSFT Attendees, should you need to have an invoice raised, please give the following details Budget holder name tel Email Full postal address if different from above …… ……
	For CUHNHSFT Attendees only (payment is from internal departmental budget): Please complete Transfer of Expenditure request form

Due to the popularity of these courses, we are unable to confirm your place until payment has been received.

Places are limited so please return this form as soon as possible to:
R&D Department, Box 277, Addenbrooke's Hospital, Hills Road, Cambridge, CB2 0QQ
E-mail : sylvie.robinson@addenbrookes.nhs.uk

Further information including a programme, directions and other details will be sent to you at a later date. The next GCP training sessions will be taking place Tuesday 25th May 2010