



2018



**PDO MINI-THREAD LIFT COURSE REGISTRATION FORM**

Attendee's full name as it will appear on the attendance certificate:

\_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code:

\_\_\_\_\_

GMC/GDC or NMC Registration Number:

\_\_\_\_\_

Contact Number (s)

\_\_\_\_\_

E-mail:

\_\_\_\_\_

If you already have an account with Wigmore Medical please state reference:

\_\_\_\_\_

I would like to reserve a place on the training course taking place on the following day:

- |                                |                       |                                |                       |
|--------------------------------|-----------------------|--------------------------------|-----------------------|
| 19 <sup>th</sup> January.....  | <input type="radio"/> | 8 <sup>th</sup> June.....      | <input type="radio"/> |
| 16 <sup>th</sup> February..... | <input type="radio"/> | 6 <sup>th</sup> July.....      | <input type="radio"/> |
| 16 <sup>th</sup> March.....    | <input type="radio"/> | 6 <sup>th</sup> September..... | <input type="radio"/> |
| 27 <sup>th</sup> April.....    | <input type="radio"/> | 2 <sup>nd</sup> November.....  | <input type="radio"/> |
| 25 <sup>th</sup> May.....      | <input type="radio"/> | 7 <sup>th</sup> December.....  | <input type="radio"/> |

(CPD Points – 7)

**Note: Only delegates with solid knowledge and experience in the use of cannulas will be allowed to treat a model with Cog threads**

Please state if you have any special dietary needs.....

You are required to bring a model. This is a very important aspect of your training which will help you to practice and monitor progress after the event. This can also act as a valuable marketing opportunity for your place of work and help promote this treatment to others.



0207 514 5979



0207 493 9989



training@wigmoremedical.com



Wigmore Medical Ltd, 23 Wigmore Street, London, W1U 1PL

VAT Reg No. GB 707 5136 46



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Course fee: **£1,020**

**A discount of 10% applied to purchase of threads on day of course**

Payment option:

I enclose a cheque for the above chosen course made payable to 'Wigmore Medical Ltd'

I understand that this is non- returnable should I fail to attend

I am paying by credit card

Card type: \_\_\_\_\_ Card #: \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Issue #: \_\_\_\_\_

Security # (last 3 digits on reverse of card): \_\_\_\_\_

Signed: \_\_\_\_\_

Please print name: \_\_\_\_\_

Please return with payment to:  
Wigmore Medical Limited, Training Department, 23 Wigmore Street, London, W1U 1PL

**PLEASE BE AWARE THAT YOUR PLACE WILL NOT BE OFFICIALLY RESERVED UNTIL THIS FORM AND FEE ARE RECEIVED.**