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**Certificate in Urodynamics Course**

**REGISTRATION FORM**

**COURSES:**

**Virtual UDS Course ~~28~~~~th~~ ~~Feb – 2~~~~nd~~ ~~March 2022~~ FULL** **16 – 18th May 2022**

**PERSONAL DETAILS**

Title (Prof/Mr/Miss/Ms/Dr/etc.) First Name Last Name

Grade/Position  Hospital

Address for Correspondence

Town/City of work Postcode  Country (if not UK)

Telephone number Email address

How did you hear about this course?

It is important that delegates attending this course have over 6 months practical experience of urodynamics. Please state the amount of Urodynamic experience you have: **> 6 months**  **< 1 year**  **>1 year**

**Special Interest:** Urology  Obstetrics & Gynaecology  Other  (please specify)

**PAYMENT DETAILS**

The cost of the course is **£565**. Payment in FULL or invoicing details are required to secure your place on the course when submitting this form.

**PAYMENT METHOD**  **Cheque**  **Credit/Debit Card** (complete section below)  **Invoice** – please enter invoicing details below (including a PO number if NHS Trust are paying)

**TERMS AND CONDITIONS**

**Booking -** You will receive confirmation of your registration within **28 days** of receipt of your application & payment. **Please note you are not guaranteed a place until you receive this confirmation.**

**Cancellations -** If you cancel within **3 weeks** of the course we regret the BUI cannot refund fees after this date. In the unlikely event the course is cancelled by the BUI at short notice, we will refund the course fee of allocate you a place on a rescheduled date.

**THE PREFERRED METHOD OF CORRESPONDENCE FROM THE BRISTOL UROLOGICAL INSTITUTE IS BY EMAIL**

I consent to being contacted by email.

I consent to being contacted by the Bristol Urological Institute about future courses/events/seminars

(tick as appropriate)

**General Data Protection Regulation (GDPR).** The details you provide on this form will be held and processed in order to administer your registration. Your name, department, hospital name and town will be included on the list of participants that will be issued to speakers involved in the course. We will keep your contact details on record in order to inform you of future BUI conferences and courses. If you do not wish your details to be used in this manner, please tick the appropriate box on the registration form. All credit card details will be destroyed once payment has been processed.

**CREDIT / DEBIT CARD PAYMENT DETAILS**

VISA  MASTERCARD  SWITCH  MAESTRO   
*(Please note we regret we cannot accept payment from American Express and Visa Electron)*

Card Number:

Security code (last three digits on the back of the card):

Valid from date **/**  Expiry date: **/**  Issue Number (if applicable)

Name on Card:

Full address to which card is registered (including postcode)

*Alternatively we can process your card payment over the phone.*

Please email your completed application form to:

[karen.evely@bui.ac.uk](mailto:karen.evely@bui.ac.uk)

or post the completed form to: Karen Evely, Level 3 Learning & Research Building, Bristol Urological Institute, Southmead Hospital, Bristol, BS10 5NB

For enquiries please call 0117 4147942