

# APPLICATION FORM



## Neuropass

### Neurology and Ophthalmology PACES Clinical Course

PO Box 28259, London N13 4ZU

Tel: 020 8292 0143

Surname \_\_\_\_\_

First Name \_\_\_\_\_

#### ADDRESS

Work \_\_\_\_\_

\_\_\_\_\_

Residence \_\_\_\_\_

\_\_\_\_\_

e-mail \_\_\_\_\_

#### TELEPHONE No

Work \_\_\_\_\_

Mobile \_\_\_\_\_

Bleep No \_\_\_\_\_

Residence \_\_\_\_\_

#### HOW DID YOU HEAR ABOUT THE COURSE [PLEASE TICK]:

- Internet search
- BMJ website
- BMJ journal
- friend
- colleague
- poster in postgraduate centre
- other (please describe below)

Please make cheques payable to: 'NEUROPASS'.

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