

BSGAR Trainee Study Day 2019

Application Form

Name:

Year of training:

Mobile:

Email address:

Hospital/Trust:

Dietary requirements:

Please select:

I have paid via PayPal [ ]

I have sent a bank transfer [ ]

I have posted a cheque [ ]

Please note that places are offered on a ‘first come first served’ basis and are only secured on receipt of payment.

A copy of the BSGAR privacy policy can be found at https://www.bsgar.org/society/bsgar-privacy-notice/