



Fungal Identification Course Application

Applicant Details		
Name:		
Contact Email Address:		
Contact Telephone Number:		
Job Title:		
HCPC Registration Number:		
Institution/Company de	<u>etails</u>	
Institution/Company:		
Address:		
Contact Name:		
Contact Email: Contact Telephone Number:		
Course Details	Plea	ase Tick
Dermatology (One day, £175.00	+VAT)	
Identification of Pathogenic	Fungi (One day, £175.00 +VAT)	
dentification of Advanced F	Pathogenic Fungi (One day, £175.00 +VAT)	
	boked as a 3-day consecutive package then a reduc e all course materials, training booklet and certific snacks will be provided.	•
Dietary Requirements:		
Please let us know if there are any oth hem.	er specialist requirements and we will do our best	to meet
	Total Cost: £_	







Payment Details

Address for Invoice: (if different from above)					
Payment Method:					
Purchase Order Number: (if r	roquirod)				
Payment Address:	equired)				
(if different from above)					
(ii different from above)					
Course Details					
Course places are limited to 3 per registration is completed. We will sufficient applicants. The courses	be in contact	with a select	ion of date	es when there are	e
Please note: These practical co			_	ıngal organisms wi	th the
· · · · · · · · · · · · · · · · · · ·	<u>potential to ca</u>	iuse infectio	<u>on.</u>		
If you suffer with any of the follow fungal spores, please let us know a these courses: asthma, allergen-m	and we will do	our best to n	nake provi	sions for you to att	end
Or if you feel there is anything els provide details below:	se which we co	uld provide I	to facilitat	e your attendance,	please
Please let us know how you found	d out about our	courses (Ple	ase tick as ap	ppropriate):	
Zoma Website:	Conferen (Please sta				
Royal College of Pathologists		endation:			
website:	(Please det	aıl)			
IBMS website:	Other: (Please spe	cify)			

