

4th SUA Pain Uss Workshop 11th Sept 2017

Registration Form

Name:

Hospital:

Grade:

Email:

Your previous experience of Ultrasound (please tick):

1. Novice

2. Some experience of peripheral nerve blocks/line placement

3. Competent at advanced peripheral nerve blocks

What do you wish to gain from the course?

Special Dietary Requirements:

PLEASE EMAIL COMPLETED FORM TO: julie.jackson@uhl-tr.nhs.uk

PLEASE DEPOSIT £250 TO :

The Society for Ultrasound in Anaesthesia Ltd

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