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| **10th Leeds Course in Operative Urology (COPU)** |
| **Littlewood Hall****Leeds General Infirmary****1-3rd March, 2018** |  |

Sponsored by:

  

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| **DAY ONE** | **DAY TWO** |
| Hypospadias | VUR |
| * Live Operating
* Lectures and Video Demonstrations
* Robotic simulator (by appointment)
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| --- | --- | --- |
| **Fees:** | **COURSE (Thursday 1st – Friday 2nd March)** |  |
|  |  |  |
|  | Consultants  | £100 |
|  | Trainees | £80 |
|  | Local trainees in other specialties – one day rate | Please email |
|  |  |  |
|  | **ROBOTIC SIMULATION (Saturday 3rd March)**Only 25 places available; 45 minute session, Groups of 5Strictly first come first served basis | £20 |
|  |  |  |

**Delegate fee includes all refreshments (Thursday and Friday only) and Course Dinner (Friday evening) and free WiFi**

**REGISTRATION**

**PLEASE RETURN THIS FORM VIA EMAIL TO:** joanne.haigh@nhs.net

|  |  |
| --- | --- |
| **Your details** |  |
| Mr/Mrs/Ms/Dr/Professor(please delete)Other: |  |
| First name |  |
| Surname |  |
| Job Title/Programme of study |  |
| Organisation |  |
|  |  |
| AddressPostcode |  |
| Telephone |  |
| Email |  |
| Please specify any special access or dietary requirements |  |

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| **Payment** |  |  |  |
|  |  |  |  |
|  | **Consultant** | **Trainee** |  |
| Course | £100 | £80 |  |
|  |  |  |  |
| Robotic Simulation | £20 | £20 |  |
|  |  |  |  |
| I will/will not be attending the course dinner (please delete) | Included | Included |  |
|  |  |  |  |
| Total |  |  |  |

**PLEASE SEND BANK TRANSFER TO:**

# Account Name: Leeds Teaching Hospitals Charitable Fund

# Branch Sort Code: 56-00-54

# Account Number: 23127554

#

Reference Number: (Paediatric Waterworks 5TA5)

IBAN Number: GB72NWBK56005423127554

SWIFT/BIC Number: NWBKGB2L

We will contact you to confirm registration