**Application for 10th UAC**

**23rd and 24th April 2020**

**Manchester Conference Centre**

**Sackville Street**

**Manchester, M1 3BB**

|  |  |
| --- | --- |
| Title *(delete as appropriate)* | Miss / Ms / Mrs / Mr / Dr / Prof / Other: |
| First Name |  |
| Surname |  |
| Hospital / Institution |  |
| Department / Speciality |  |
| Grade / Job Title |  |
| Email Address |  |
| Telephone Number |  |
| Dietary Requirements |  |

**REGISTRATION FEES** *(inclusive of VAT @ 20%)*

|  |  |  |
| --- | --- | --- |
| Trainees | SAS Doctors | Consultants |
| £270 | £360 | £450 |

Places Limited. So first come first served

Cancellations before 10days to 8weeks incur the admin charge of 25%

Non-attendance/late cancellations (less than 10days prior to the day) are non refundable.