E-mail: cardiffpaces@hotmail.com

Phone: **02920710631 Dr Krishna**

Date as postmark **01743885050 Dr Ho**  **07557002450**  **Dr Ho**

Dear Doctor

# **Re: MRCP PACES COURSE 18th, 19th and 20th May 2018**

# **Course fee £900**

Thank you for your enquiry. Places are awarded on a first come, first served basis on receipt of application form and payment. To attend the Course, you can either:

* Pay by cheque, made payable to **Cardiff Postgraduate Medical Courses**.

Complete the return slip below and send it together with your cheque of £900

***Mrs. Aruna Krishna*, *Course Coordinator,***

***2 Clos yr Erw***

***Penarth CF64 3RR.***

**OR**

* Pay electronically via BACS.

E-mail your completed application form to cardiffpaces@hotmail.com. We willthen give you our banking details so that you can pay £900 electronically via BACS.

**If you cancel before 5pm Friday 20th April 2018, you will be entitled to full refund. Refund will be 50% for following 2 weeks. Beyond 5pm Friday 4th May 2018, there will be no refund.**

Yours sincerely

Drs Shu Ho and CV Krishna

Course Organisers

I would like to reserve a place on the MRCP PACES COURSE 18th-20th May 2018

NAME: (BLOCK CAPITALS, PLEASE UNDERLINE YOUR SURNAME)

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CONTACT NUMBER(S)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

E-MAIL ADDRESS

DATE OF QUALIFICATION AND MEDICAL SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PRESENT POST:

IS THIS YOUR FIRST ATTEMPT AT THIS EXAMINATION? YES/NO