

# **Glasgow Paediatric Echo Course March 28th April-1st May** **2015**

Department of Cardiology

Royal Hospital for Sick Children

Dalnair Street, Glasgow, G3 8SJ

## **Registration Form**

Name: .....

Position: .....

Address: .....

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Tel: .....

Email: .....

### **Interest in course:**

Neonatal trainee    Cardiology trainee    Other

### **Echo experience:**

Very little                  Limited scanning                  Good                  Adult

### **Any specific requests or questions:**

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**Attend course dinner (Thursday 30th April):**                  Yes/No