

Application Form: Third Teesside Symposium on
Sports Related Injuries
Sports Medicine Programme

1

About Yourself

Your Full Name: _____
Job Title/Position: _____
Company/Organisation: _____
Address: _____

Postcode: _____
Telephone (Home): _____ (Mobile): _____
Email address: _____

2

Ticket details

Number of tickets required at £80 per person (includes optional Gala Dinner): _____ Total £: _____

Names of delegates. Please state which day(s) each will attend (if not both) and if they will attend optional gala dinner (dinner to be held on evening of 24th*). Attach separate sheet if required.

_____	Gala Dinner <input type="checkbox"/>	_____	<input type="checkbox"/> Gala Dinner
_____	Gala Dinner <input type="checkbox"/>	_____	<input type="checkbox"/> Gala Dinner
_____	Gala Dinner <input type="checkbox"/>	_____	<input type="checkbox"/> Gala Dinner
_____	Gala Dinner <input type="checkbox"/>	_____	<input type="checkbox"/> Gala Dinner
_____	Gala Dinner <input type="checkbox"/>	_____	<input type="checkbox"/> Gala Dinner
_____	Gala Dinner <input type="checkbox"/>	_____	<input type="checkbox"/> Gala Dinner

*If delegates are attending dinner, do any have special dietary requirements and if so please state them:

PLEASE PRINT AND COMPLETE THIS FORM IN FULL USING BLOCK CAPITALS ONLY. Cheques made payable to HCFE. Return to: Mrs Debbie Caygill, Hartlepool College of Further Education, Stockton Street, HARTLEPOOL TS24 7NT

Card Type and Number: _____ Start Date: _____ Expiry: _____ Issue No. (if applicable): _____