

**MRCP Part 1 Revision Course  
5 - 6 November 2008  
Park Avenue Hotel, Belfast**



Please Complete in **BLOCK CAPITALS**

<b>First Name:</b>	
<b>Surname:</b>	
<b>Post:</b>	
<b>Hospital:</b>	
<b>Training Programme:</b>	
<b>Correspondence Address:</b>	
<b>Telephone:</b>	<b>Home:</b> <b>Work:</b> <b>Mobile:</b>
<b>E-mail:</b>	
<b>Course Title:</b>	<b>MRCP Part 1 Revision Course</b>
<b>Payment Enclosed:</b>	<b>£40.00</b>
<b>Signature:</b>	
<b>Date:</b>	

Please return your completed application form enclosing the appropriate course fee to the address below. Cheques/Postal Orders should be made payable to **NIMDTA**. Course payments are non-refundable.

**NB:** If you are not in a training post within the Northern Ireland Training Scheme, please contact **Andrew Hunter** to confirm the appropriate fee.

**Andrew Hunter,  
School of Medicine Administrator  
NIMDTA, Beechill House  
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Belfast BT8 7RL**

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