



## REGISTRATION FORM

COURSE VENUES / DATES 2020			
VIRTUAL	AUGUST 22-23, 2020		

CONTACT INFORMATION				
First Name	Last Name	Professional Title		
Position		Facility Name		
Street			Suite	
City	State	Zip Code		
Telephone Number		Email Address		
How did you hear about this course?				
<p>It is important that participants attending this course have over 6 months practical experience of urodynamics.          Please state the amount of Urodynamic experience you have:</p> <p><b>More than 6 months</b> <input type="checkbox"/> <b>Less than 1 year</b> <input type="checkbox"/> <b>More than 1 year</b> <input type="checkbox"/></p>				
Special Interest:	Urology <input type="checkbox"/>	Urogynecology <input type="checkbox"/>	Obstetrics & Gynecology <input type="checkbox"/>	Other <input type="checkbox"/>

PAYMENT DETAILS				
<p>The cost of the course is \$850.00. At the close of the course, there will be an optional multiple-choice quiz. Those who achieve satisfactory marks are awarded a <i>Certificate in Urodynamics</i> by the Bristol Urological Institute. A <i>Certificate of Attendance</i> will be awarded to those who do not reach the required standard, or who choose not to participate in the quiz.</p>				
PAYMENT METHOD	<input type="checkbox"/> <b>Check</b> (please make check payable to: <b>The Prometheus Group® LATAM</b> ) mail checks to: <b>11941 NW 57 Manor</b> <b>Coral Springs, FL 33076</b>			<input type="checkbox"/> <b>Credit/Debit Card</b> (complete section on back of form)

Please email your completed registration form to: <b>vanessa.tpglatam@gmail.com</b>	<b>Office Use Only</b>	
	Date Rec'd	
	On Database	
	Paid	
	Invoice Raised	
	Invoice Paid	
Receipt Sent		

## TERMS AND CONDITIONS

### Acceptance:

You will receive confirmation of your registration within 7 days of receipt of your application & payment.

Please note, you are not guaranteed a place until you receive this confirmation.

### Cancellations:

If you cancel within 3 weeks of the course, we regret we cannot refund fees after this date.

**I agree with the terms and conditions**

**General Data Protection Regulation (GDPR).** The details you provide on this form will be held and processed in order to administer your registration. Your name, department, hospital name, and town will be included on the list of participants that will be issued to speakers involved in the course. We will keep your contact details on record in order to inform you of future BUI conferences and courses..

## CREDIT / DEBIT CARD PAYMENT DETAILS

VISA  MASTERCARD  AMEX  OTHER

(Please note, we regret we cannot accept payment from American Express and Visa Electron)

Card Number:

Security code (last three digits on the back of the card):

Expiration date: Issue Number (if applicable)

Name on Card:

Full address to which card is registered (including zip code)

Please email completed registration forms to: [vanessa.tpglatam@gmail.com](mailto:vanessa.tpglatam@gmail.com)

For questions, or to process credit card payments over the phone, please contact: 954.294.3792 or text WHATS APP TO 954.801.9033

