

Booking form

I wish to register for the forthcoming London Workshops in Regional Anaesthesia and I enclose a cheque for the sum of £50. This will be refundable on arrival at the meeting.

Name Surname

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E-mail:

.....

Mobile:

.....

Position, Department

.....

Hospital name

.....

Please, send an invoice to the following

Address:

Street

Town

To be part of this exciting society and benefit from the future of Regional Anaesthesia contact us or register on line at

www.lsora.co.uk

Registration is free!

It will give you a dynamic site for you to develop your interest in regional anaesthesia.

We look forward to greeting you to our community

LSORA REGISTRATION

5 Taw Close

Worthing

West Sussex BN13 3PQ

lsoraonline@googlemail.com

LSORA ANNUAL MEETING 2010

10th of June 2010

Royal College of
Anaesthetists
London