



## 18<sup>th</sup> Wessex Advanced Sinus Surgery Course

18<sup>th</sup> – 20<sup>th</sup> June 2025 (Wed - Fri)

The Centre for Learning of Anatomical Sciences,  
Southampton University Hospital, Southampton, SO16 6YD, UK

Surname: \_\_\_\_\_ Forename \_\_\_\_\_  
Title : \_\_\_\_\_

SpR( 4 , 5 , 6 ) \_\_\_\_\_ SAS \_\_\_\_\_ Consultant \_\_\_\_\_ Other \_\_\_\_\_  
(Tick Appropriate Level or mention if other)

Specialty: \_\_\_\_\_ Right/Left-Handed \_\_\_\_\_

Address (Please Print Legibly): \_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_

Contact Number \_\_\_\_\_ Emergency Contact Name and No. \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

I wish to attend the **18<sup>th</sup> Wessex Advanced Sinus Surgery Course 2025**

**Registration Fee:** Full Dissector- £1,350 (Early Bird £1,250)

**Early Bird ends 31<sup>st</sup> Jan 2025**

(Registration fee includes tea/coffee and lunch on the course days)

### **Cancellation policy for all new registrations :-**

By 28/02/2025 - **Full Refund minus admin charge of £50.** By 31/03/2025 – **50% refund.**

After 31/03/2025 – **No refund at all (for all reasons including health, visa refusal etc)**

**unless you bring a full paying replacement delegate.**

**Please have relevant travel/health insurance in place to cover your cancellation costs if any.**

### **Receipt of payment guarantees place.**

Special needs/dietary requirements: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Payments should be made as a balance transfer:**

**Account Name:** Surgimed Academy Limited **Account number:** 94556828

**Sort Code:** 60-83-71 **Bank:** Starling Bank **SWIFT/BIC:** SRLGGB2L

**IBAN:** GB19SRLG60837194556828

**Please put your Name & Course as reference.** The signed form can be scanned and emailed to the below email address.

Further information contact:  
[info@winchestersinuscourse.co.uk](mailto:info@winchestersinuscourse.co.uk)