



## COURSE REGISTRATION FORM

### EUROPEAN SCHOOL FOR CARDIO-THORACIC SURGERY EACTS Executive Secretariat

3 Park Street, Windsor, Berks SL4 1 LU, UK  
Tel: + 44 (0)1753 832166, Fax: +44 (0)1753 620 407  
E-mail: info@eacts.co.uk  
Website: www.eacts.org

#### Important Notes:

Forms must be legible  
Complete forms in  
CAPITAL LETTERS &  
Black Ink

Family Name \_\_\_\_\_

First Name \_\_\_\_\_ Title: Dr/Mr/Ms \_\_\_\_\_

Age \_\_\_\_\_ Received Medical Degree in Year \_\_\_\_\_

Professional Position \_\_\_\_\_

Number of years in training in cardiac and/or thoracic surgery:

\_\_\_\_\_ Years \_\_\_\_\_ Months

Department \_\_\_\_\_

Hospital \_\_\_\_\_

Address \_\_\_\_\_

City and Postal Code \_\_\_\_\_ Country \_\_\_\_\_

#### Email address is required

Email \_\_\_\_\_

Telephone No + (Country Code) \_\_\_\_\_

Fax No + (Country Code) \_\_\_\_\_

Please ensure that all  
necessary documents are  
attached to this  
application.

- Brief CV
- Recent Photo
- Copy of National  
Medical Diploma
- List of Publications

#### Optional:

- Summary of operational  
Experience

#### Certification from Head of Department

I (Head of Department) \_\_\_\_\_

Family Name \_\_\_\_\_

First Name \_\_\_\_\_ Title: Dr/Mr/Ms \_\_\_\_\_

Certify that the Applicant works as a trainee in my department

At (Hospital/Institution) \_\_\_\_\_

Email \_\_\_\_\_

Telephone No + (Country Code) \_\_\_\_\_

Fax No + (Country Code) \_\_\_\_\_

Head of Department Signature \_\_\_\_\_

Date \_\_\_\_\_



## CARDIAC

Dates	Level	Latest Date for Receipt of Applications	Tick which course you wish to attend
7 - 12 March 2005	Level 1	7 January 2005	
2 - 7 May 2005	Level 2	4 March 2005	
5 -10 September 2005	Level 3	8 July 2005	
7 - 12 November 2005	Level 1	9 September 2005	

## THORACIC

18 - 23 April 2005	Level 1	18 February 2005
6 - 11 June 2005	Level 2	8 April 2005
10 -15 October 2005	Level 3	12 August 2005

An administration charge of €25 must accompany all applications. This sum will be debited from the Course fee, if you attend a course. There will be no refund if you do not attend a course. Registrations without payment will not be processed.

**Course Fee: €900\* Administration Fee: €25**

(\*Includes €25 Administration Fee)

### Payment Method

Credit Card (Visa/MasterCard/American Express accepted)

### Course Fee Includes:

All tuition  
6 nights accommodation  
Coffees and teas during the course  
Lunch each day including Saturday  
Evening Meals, Sunday – Friday, except Wednesday  
Ticket for local bus transportation

### Payment

Credit Card Number \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_ Expiry Date \_ \_ / \_ \_

Cardholder's Name \_\_\_\_\_

Transfer with no charges to EACTS Trading Company Ltd, mentioning applicant's name and "ESCTS"

Account Name: **EACTS Trading Company Ltd**

Account Number: **EACTRA-EUR1**

Bank Code: **16-00-16**

Name of Bank: Royal Bank of Scotland

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

**Cheques are not accepted.**

### Sponsor Organisation (If different from above)

Hospital/Company \_\_\_\_\_

Address \_\_\_\_\_

City & Post/ZIP Code \_\_\_\_\_ Country \_\_\_\_\_

Contact Person \_\_\_\_\_

Email (Required) \_\_\_\_\_

Telephone No + (Country Code) \_\_\_\_\_

Fax No + (Country Code) \_\_\_\_\_

### Fax to

+44 1753 620407

or

### Mail to

EACTS Executive Secretariat:

3 Park Street

Windsor

Berks SL4 1LU, UK