

INVITED SPEAKER AND CHAIRMAN  
REGISTRATION FORM  
25 – 28 APRIL 2017



Please find below details of your participation at the Charing Cross International Symposium. Please check through all the details, confirm you are able to participate as follows:

Thursday, 27 April 2017 from 09:00 to 17:00

CX Vascular Access Course - Day 2 - Hands-on Skills Course

Assessment of vascular access - Ultrasound assessment and vein mapping

I am able to accept the above: (please tick) ☒

Surname: SOMMERVILLE Initials / First Name: KATE  
Prof ☐ Mr ☐ Dr ☐ Mrs ☐ Ms ☒  
Signature: [Handwritten Signature] E-mail address: kate.sommerville@aol.com  
Tel: ..... Mobile: 07765258958  
JOB SPECIALTY (i.e. Vascular Surgeon, Radiologist, etc.).  
Job Speciality: VASCULAR SCIENTIST

Should you have any questions, please do not hesitate to contact me in the Symposium Office  
Please visit the Symposium web-site – [www.cxsymposium.com](http://www.cxsymposium.com) – for regular updates.

Yours sincerely,

Cathy Mowat  
Invited Faculty Secretary

Please complete this form *as soon as possible* so that we can note your requirements and return to:  
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