**Lékař 2 Doctor**

Email: ***lekar2doctor@gmail.com***

**Registration Form**

Course Date: Friday 2nd November 2012

Venue: Physiology Institute, Albertov, Prague 2

|  |  |
| --- | --- |
| **Name** |  |
| **Address (UK and CZ)** |  |
| **Email** |  |
| **Phone number** |  |
| **University** |  |
| **Year of study** |  |
| **Dietary Requirements****(Vegan, Vegetarian, Meat, Chicken, Pork, Fish/Seafood)** |  |
| **Allergies**  |  |

***Return of this form to the email address below will reserve you a place on the course. This is a contract between you and Lekar 2 Doctor in association with Charles University, LF1.Cuni.cz. The cancellation period is 2 weeks. The course fee (£50/€60/1500CZ) is payable by the 2nd November 2012. Debit/Credit card payments to be confirmed, Please email if you would like to pay by alternative methods.***

***A confirmation email will be sent on receipt of the registration form.***

**Please email the form to** ***lekar2doctor@gmail.com***