kch_ft_colour

Course: Traumatic Brain Injury Multi-professional Study Day

Date: 10th and 11th November 2022

Credit card details below:

|  |  |
| --- | --- |
| **Details for credit card payments** | |
| NAME ON CARD: |  |
| CARD NUMBER: |  |
| EXPIRY DATE:  (Month/Year) |  |
| CV2\* |  |
| CUSTOMER PHONE NUMBER: |  |
| CUSTOMER EMAIL: |  |
| BILLING ADDRESS: |  |
| CITY: |  |
| COUNTY/STATE: |  |
| POSTCODE/ZIP: |  |
| COUNTRY: |  |
| AMOUNT: |  |
| REFERENCE CODE: |  |
| I CONSENT TO PAYMENT OF £150 TO BE CHARGED TO THE ACCOUNT LISTED ABOVE: | Yes  No |

Please send completed form to Amanda White, Head of Financial Operational Support

Email: amanda.white1@nhs.net