

# YAIS (Cochlear Implants) Booking Form



<b>Course Title</b>	
<b>Date of course</b>	
<b>Name of delegate</b>	
<b>Job Title</b>	
<b>Organisation</b>	
<b>Work Address</b>	
<b>Telephone number</b>	
<b>Email</b>	
<b>Dietary requirements</b>	
<b>Communication/other special requirements</b>	
<b>Payment details (Please select one of the following options)</b> <input type="checkbox"/> A cheque is enclosed for £_____ payable to The Ear Trust <input type="checkbox"/> I would like an invoice to pay by cheque (please complete information below) <input type="checkbox"/> I would like an invoice to pay by BACS (please complete information below)	
<b>Purchase order number</b>	
<b>Invoicing contact name</b>	
<b>Organisation</b>	
<b>Invoicing address and email if different from above</b>	

Please return this form and address any enquiries to Joanne Smith or Liz Hamilton at  
 Listening for Life Centre  
 Bradford Royal Infirmary  
 Duckworth Lane  
 BRADFORD BD9 6RJ  
 Tel: 01274 364853 Fax: 01274 382053  
 Email: [joanne.smith2@bthft.nhs.uk](mailto:joanne.smith2@bthft.nhs.uk) / [elizabeth.hamilton@bthft.nhs.uk](mailto:elizabeth.hamilton@bthft.nhs.uk)