

Email: [admin@cardiffpaces.co.uk](mailto:admin@cardiffpaces.co.uk)  
Phone: **02920710631 Dr Krishna**  
**01743885050 Dr Ho**

Date as postmark

Dear Doctor

**Re: MRCP PACES COURSE 11<sup>th</sup>, 12<sup>th</sup> and 13<sup>th</sup> June 2010**  
**Course fee £900**

Thank you for your enquiry. Places are awarded on a first come, first served basis on receipt of application form and payment. To attend the Course, you can either:

- ❖ Pay by cheque, made payable to **Cardiff Postgraduate Medical Courses**. Complete the return slip below and send it together with your cheque of £900

*Mrs. Aruna Krishna, Course Coordinator,*  
*2 Clos yr Erw*  
*Penarth CF64 3RR.*

**OR**

- ❖ Pay electronically via BACS. E-mail your completed application form to [admin@cardiffpaces.co.uk](mailto:admin@cardiffpaces.co.uk). We will then give you our banking details so that you can pay £900 electronically via BACS.

**If you cancel before Friday 21<sup>st</sup> May 2010 you will be entitled to a 50% refund but if you cancel after Friday 21<sup>st</sup> May 2010 there will be no refund.**

Yours sincerely

Drs Shu Ho and CV Krishna  
Course Organisers

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I would like to reserve a place on the MRCP PACES COURSE 11<sup>th</sup>, 12<sup>th</sup> and 13<sup>th</sup> June 2010.

NAME: (BLOCK CAPITALS, PLEASE UNDERLINE YOUR SURNAME)

\_\_\_\_\_  
ADDRESS:

\_\_\_\_\_  
CONTACT NUMBER(S) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

DATE OF QUALIFICATION AND MEDICAL SCHOOL: \_\_\_\_\_

\_\_\_\_\_  
PRESENT POST: \_\_\_\_\_

IS THIS YOUR FIRST ATTEMPT AT THIS EXAMINATION?

YES/NO