**E H F**

## Workshop Application form

## Basic tissue recognition in histopathology

Name: (Mr/Mrs/Miss/Ms)

Position:

Organisation:

Address:

Country: Post Code:

Tel: E-mail:

Experience in the field

(this is used by the meeting organisers to help better tailor the course to the delegates)

NOTES:

1. All workshops have a limited number of places, so **all places must be applied for**.
2. All workshop delegates must be registered for the meeting (either as day or full meeting delegates)
3. Workshop delegates must also complete this delegate registration form - to be returned with their application.
4. There is no extra charge for the one day workshop.
5. Return both forms to A. Southgate, Dept. Surgical Research, NPIMR, Y block, Northwick Park Hospital, Harrow, Middlesex. UK. HA1 3UJ or e-mail to A.Southgate@ic.ac.uk