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Date as postmark

Dear Doctor

**Re: MRCP PACES COURSE 18<sup>th</sup>, 19<sup>th</sup> and 20<sup>th</sup> May 2018**  
**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 [cardiffpaces@hotmail.com](mailto:cardiffpaces@hotmail.com). We will then give you our banking details so that you can pay £900 electronically via BACS.

**If you cancel before 5pm Friday 20<sup>th</sup> April 2018, you will be entitled to full refund. Refund will be 50% for following 2 weeks. Beyond 5pm Friday 4<sup>th</sup> May 2018, 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 18<sup>th</sup>-20<sup>th</sup> May 2018

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