



CING MEMBERSHIP APPLICATION FORM

NAME

POSITION

HOSPITAL

(INVASIVE/NON-INVASIVE CENTRES) please delete as appropriate

DEPARTMENT.....

CONTACT TEL:

HOME ADDRESS.....

.....

RCN Registration No (if applicable)

I enclose my cheque Nofor £15

(To be made payable to CING) Includes attendance for Spring and Autumn Meeting

£ **I wish to attend the Autumn Meeting** (please tick as appropriate)

£ **I do not wish to attend the Autumn Meeting**

*ON RECEIPT OF YOUR CHEQUE, YOUR **CING** MEMBERSHIP WILL BE VALIDATED. A MEMBERSHIP CARD WILL BE ISSUED, WHICH GIVES YOU ACCESS TO THE FULL **CING** WEB SITE www.cinguk.co.uk*

RETURN TO:

CING,

C/O B.BRAUN MEDICAL LTD,

CARDIO-MEDICAL DIVISION,

THORNCLIFFE PARK,

SHEFFIELD S35 2PW

TEL: 0114 225 9139

FAX: 0114 225 9136

PHOTO COPIES OF MEMBERSHIP FORMS WILL BE ACCEPTED



**AUTUMN MEETING APPLICATION FORM (NON-MEMBERS)
10th NOVEMBER 2001**

NAME

POSITION

HOSPITAL

(INVASIVE/NON-INVASIVE CENTRES) please delete as appropriate

DEPARTMENT.....

CONTACT TEL:

HOME ADDRESS.....

.....

RCN Registration No (if applicable)

I enclose my cheque Nofor £10

(To be made payable to CING)

£ **PLEASE KEEP ME INFORMED OF FUTURE MEETINGS**

RETURN TO:

CING,

C/O B.BRAUN MEDICAL LTD,

CARDIO-MEDICAL DIVISION,

THORNCLIFFE PARK,

SHEFFIELD S35 2PW

TEL: 0114 225 9139

FAX: 0114 225 9136