



FACULTY OF THE HISTORY AND PHILOSOPHY OF MEDICINE AND PHARMACY
SOCIETY OF APOTHECARIES OF LONDON

LECTURE COURSE IN THE HISTORY OF MEDICINE

27-29 JANUARY 2009

APPLICATION FOR ADMISSION TO THE COURSE

Date.....

Surname..... Title

Forename.....

Address.....

.....

.....

Telephone (Home).....(Work).....

Email address

Current Appointment & Place of Work.....

.....

I will / will not be attending the Welcome Reception at the British Dental Association Museum,
64 Wimpole Street, London, W1G 8YS

5.30 – 7.30p

I enclose a cheque for

3 Day booking fee **£150**

2 Day booking fee **£120** *Cheques payable to “Society of Apothecaries”*

1 Day booking fee **£75**

Please return your completed form and cheque to:

FacultyHP Office,
Society of Apothecaries, Apothecaries’ Hall, Black Friars Lane, London, EC4V 6EJ