



ARTP

Association for
Respiratory Technology
& Physiology



ARTP

Spirometry Paediatrics Certificate Registration Form

Contact Details

Title: _____ First Name: _____ Last Name: _____

Job Title/Grade: _____

Hospital: _____

Address: _____

Tel: _____

E-mail address: _____

ARTP Spirometry Course Centre (if attended) _____

Paediatrics Certificate

Practical competence in performance of spirometry. Includes bronchodilator reversibility testing and interpretation of results.

£225.00



Total Amount Payable* : £ _____

By signing the below I confirm that I wish to register for the above certificate and will abide by ARTP codes of conduct.

Please sign here : _____

Address: ARTP c/o Executive Business Support, City Wharf, Davidson Road, Lichfield, Staffordshire, WS14 9DZ

Tel: 01543 442141

Fax: 0121 355 2420

Email: spirometry@artp.org.uk **Web:** www.artp.org.uk



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Payment

- I enclose payment as a Cheque, made payable to "ARTP"
- I wish to pay by Debit/Credit Card (please call the office on 01543 442141)
- I require an Invoice (please complete the section below)

Hospital/Purchase Order Number: _____

Full Invoicing Address: _____

Finance Department E-mail address: _____

Finance Department Telephone: _____

Please return your completed form to the address below

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