**British Orthopaedic Foot and Ankle Society**

**22nd Principles of Foot and Ankle Surgery Course**

**11th 12th June 2018**

To be held at IWM Duxford, Cambridgeshire CB22 4QR

**Aimed at** Higher Surgical Trainees

**Course Director**

Mr Tim Williams (Colchester)

BOFAS accredited faculty

**Course Content**

* + *Clinical examination of the foot and ankle*
	+ *Foot and ankle anatomy and biomechanics*
	+ *Degenerative foot and ankle conditions*
	+ *Acquired flat foot*
	+ *Deformity and neuromuscular disorders*
	+ *Rheumatoid disorders*
	+ *Diabetic foot and Charcot*
	+ *Principles of orthoses*
	+ *Foot and ankle trauma*

**Teaching Style**

* + Lectures
	+ Clinical case presentations and case based discussions
	+ Vivas

The BOFAS principles course is an exciting established course designed to teach the core foot and ankle content in the FRCS (Orth) curriculum in an informal and interactive environment. There is emphasis on clinical examination cases, discussion groups and opportunity for simulating exam conditions.

**Cost** £100 cheque deposit payable.

This course is fully subsidised by BOFAS and the cheque is taken as a deposit for your place. **Your place will not be confirmed until your deposit cheque has been received.**

**Cancellation policy – Cancellation automatically forfeits 10% deduction of the deposit up to 5th May, cancellation after 5th May forfeits 100% of the cost, unless a replacement can be found.**

**Failure to attend forfeits 100% of the cost.**

Limited places. Apply now to avoid disappointment

Miss Jo Millard (Course Coordinator) Tel: 07847 281130

PO Box 209

Bristol Email:administrator@bofas.org.uk

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**British Orthopaedic Society**

**Principles of Foot and Ankle Surgery**

**11th 12th June 2018**

IWC Duxford, Cambridgeshire CB22 4QR

Booking Form

**Registration Fee: Deposit £100** – CHEQUES ONLY.

Your place will not be confirmed until your cheque has been received.

Please complete this form and attach with payment. Please complete in **BLOCK LETTERS**.

1. Full Name :.....……………………………………………………………………………………….

2. Job Title : (Training Level eg. ST5)……………………………………………………………….

3. Hospital :………………..……..…………….……………………………………………………….

4. Contact address :………………....…………………………………………………………………

5. Contact Number :…..…..……………………………………………………………………………

6. Email :…………...……………………………………………………………………………………

7. Do you have any dietary requirements? 🞏 Yes 🞏 No

If yes, please give details :…………….………………………………………...........................

8. Will you be attending the course dinner (11th) 🞏 Yes 🞏 No

**To reserve a place, you may email** **administrator@bofas.org.uk** **directly attaching this form, however your place is not confirmed until your cheque has been received.**