## BRITISH ORTHOPAEDIC SPORTS TRAUMA and ARTHROSCOPY ASSOCIATION

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Name:	
Qualifications:	
Consultant Appointr	ment(s):
Address:	
Home Telephone N	0:
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Surgery:	
Fax:	
Publication of Sports Trauma:	
Special Interest:	
•	
Details of Sports Tra	auma practice (eg. clinics, affiliation to teams, sporting associations,
other sports trauma	
·	,

Please return this form to:
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