



## GPAQONLINE Registration Form

Please complete the following form and post  
Or fax it to following address:

Medelect Solutions  
Cardiff MediCentre  
Heath Park  
Cardiff  
CF14 4UJ  
United Kingdom  
Fax: 02920 750239

### CONTACT DETAILS

1. Contact Name: \_\_\_\_\_

2. Position: \_\_\_\_\_

3. Contact Tel: \_\_\_\_\_

4. Contact Email: \_\_\_\_\_

### PRACTICE DETAILS

1. Practice Name \_\_\_\_\_

2. Practice Code Number

3. MDU Number   
(if applicable)

4. Practice Address

H.No/Street

City

Postcode

4. Practice Tel No:

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5. Practice Website

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6. Number of Partners

7. Has your practice used  
GPAQ online before?Yes No **SURGERY DETAILS**1 Do you have branch surgery? Yes  No 2 If yes please provide  
some details:

If you need to contact us for more details then please email us at [info@gpaqonline.com](mailto:info@gpaqonline.com)  
**telephone** UK +44 (0)29 20757744 and **fax** us on UK +44 (0)29 20750239