<b>Health</b> South Eastern Sy Local Health Dist	Course Registration Form
	Sydney and Sydney Eye Hospital - Nursing Education, Research & Leadership Unit (NERLU)
Course Name:	
Course Date: / /2	2020
Registration Information	(please print clearly or type)
Name	
Address:	
-	
Position:	
Phone Number:	
Email:	
Place of Work and Department:	
Payment Details 1	Day Course \$190 2 Day Course \$350
Payment in the form of:	Cheque /Money Order
Please make cheques pay	yable to: South Eastern Sydney Local Health District
Credit card Payment: $\Box$	Visa card  MasterCard. Amount \$
Exp. Date:	/
Credit card number:	/ //
Name on Receipt:	
Signature:	

For **Credit Card Security** reasons **do not scan** & email completed registration form.

Cancellation Information

Sydney and Sydney Eye Hospital reserves the right to cancel courses at short notice, in case of insufficient numbers.

## Submit Registrations Forms by mail:

Sydney and Sydney Eye Hospital -Nursing Education, Research & Leadership Unit (NERLU) Administration Officer G.P.O Box 1614 Sydney 2001

## OR FAX: 02 9382 7162