Hand Course Registration Form

Health
South Eastern Sydney
Local Health District

Sydney/Sydney Eye Hospital – Hand Unit

Course Name: _____

Course Date: _ _ / _ _ _ /20_ _

Registration Information (please print clearly or type)

Name _____

Address: _____

_____

Position: _____

Phone Number: _____

Email: _____

Place of Work and Department: _____

Payment Details **Course Cost = $250.00**

Payment via the online Payment portal – link to be sent once registration has been confirmed

A copy of your receipt must be sent to course coordinator as proof of payment.

Cancellation Information: Sydney/Sydney Eye Hospital reserves the right to cancel courses at short notice (e.g. due to insufficient numbers).

Please send completed forms to Kay Maddison via:

Email: Kay.Maddison@health.nsw.gov.au

Fax: 02 9382 7571

Mail:
C/o Kay Maddison, CNC Hands
Hand Unit
Sydney Hospital and Sydney Eye Hospital
G.P.O Box 1614
Sydney 2001