	Health
NSW	South Eastern Sydney Local Health District



Sydney Hospital and Sydney Eye Hospital

Course Name:				
Course Date: / /2025				
Registration Information (plea	ise print clearly or type)			
Name:				
Address:				
Email:				
Place of Work:				
Payment Details				
1 Day Course \$200.00	2 Day Course \$400.0	00		
Credit card Payment: 🗆 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 Hospital and Sydney Eye Hospital Attention: Joanna McCulloch CNC Ophthalmology NERLU G.P.O Box 1614 Sydney 2001

OR FAX: 02 9382 7398