Course Registration Form

|  |  |
| --- | --- |
|  | **Sydney and Sydney Eye Hospital** |

### Course Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Course Date: / /2022

### Registration Information (please print clearly or type)

|  |  |
| --- | --- |
| Name |  |
| Address: |  |
|  |  |
| Email: |  |
| Place of Work and Department: |  |

### **Payment Details (Staff external to Sydney/Sydney Eye Hospital)**

### 1 Day Course $200.00 2 Day Course $350.00

### **Sydney/Sydney Eye Hospital Nurse:**

### 1 Day Course $50.00 2 Day Course $100.00

### 

#### 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. | |  | | Submit Registrations Forms by mail: |
| Cancellation Information Sydney and Sydney Eye Hospital reserves  the right to cancel courses at short notice,  in case of insufficient numbers. | |  | | Sydney and Sydney Eye Hospital **Attention: Joanna McCulloch** G.P.O Box 1614Sydney 2001 **OR FAX: 02 9382 7398** |