Course Registration Form

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|  | **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

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#### 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 InformationSydney and Sydney Eye Hospital reservesthe right to cancel courses at short notice, in case of insufficient numbers. |  | Sydney and Sydney Eye Hospital  **Attention: Joanna McCulloch** G.P.O Box 1614 Sydney 2001**OR FAX: 02 9382 7398** |