



EFAST AAA ULTRASOUND WORKSHOP



I am registering to attend the ultrasound workshop to be held on:

As a Network 3 Registrar

\$110 (includes GST)

Once payment has been processed you will receive your receipt via email. You will then be emailed the pre-course reading and link to the online pre-test.

Successful completion of the online pre-test is an attendance pre-requisite.

First Name _____

Last Name: _____

Name of DMET _____

Email _____

Work Location _____

Phone _____

Cancellation Terms and Conditions:

Cancellations within 5 weeks of the course date will incur the full course fee. If you are applying for a refund outside the 5 week period then a full refund will be offered or the option to reschedule the course to another date.

I have read, and agree to the above Cancellation Terms and Conditions.

I will be paying by:

Cheque (including address and phone contact details on back of cheque)

Visa / Mastercard (complete details below)

CREDIT CARD NUMBER (exp)

NAME ON CARD _____

AMOUNT: \$ _____

SIGNATURE _____

Please return completed registration form to Kylie Fraser at the St George Clinical Skills Centre.
Kylie.Fraser@health.nsw.gov.au

Fax: 02 9113 1839 Ph: 02 9113 2425