## Health South Eastern Sydney Local Health District

## **Course Registration Form**



## **Sydney Hospital and Sydney Eye Hospital**

Course Name:				
Course Date: / /2023				
Registration Information (plea	se print clearly or type	)		
Name:				
Address:				
Email:				
Place of Work:				
Payment Details				
1 Day Course \$250.00	2 Day Course \$40	0.00		
Credit card Payment: □Visa o	card $\square$ 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