



Obstetric Anal Sphincter Injury (OASIS) Workshop



Course Registration Form

I am registering for the Obstetric Anal Sphincter Injury (OASIS) Workshop to be held

_____ as:

- | | |
|---|----------------------|
| <input type="checkbox"/> Consultant / GP | \$350 (includes GST) |
| <input type="checkbox"/> Registrar | \$275 (includes GST) |
| <input type="checkbox"/> SESLHD Registrar | Funded by SESLHD |

First Name: _____ Last Name: _____

Work location: _____

Postal Address: _____ Post Code: _____

Phone: _____ Email: _____

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)

☐ Funded by SESLHD. My employee Number is : _____

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