



Perineal Repair Workshop



Course Registration Form

I am registering for the Perineal Repair Workshop to be held _____ as:

- | | |
|---|----------------------|
| <input type="checkbox"/> External Midwife | \$200 (includes GST) |
| <input type="checkbox"/> External RMO | \$200 (includes GST) |
| <input type="checkbox"/> SESLHD Midwife | Funded by SESLHD |
| <input type="checkbox"/> SESLHD RMO | Funded by SESLHD |

First Name: _____ Last Name: _____

Work location: _____ Level/Role: _____

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