

SIMULATION WORKSHOP

All applicants are required to complete this Registration Form

WORKSHOP

NAME OF WORKSHOP

Date of workshop

DETAILS

FULL NAME

Title

Family Name

Given Name

RACGP QACPD Number

CONTACT DETAILS

Ph No

Mobile

Fax No

Email

POSTAL ADDRESS

DIET PREFERENCE

PAYMENT

FEE

\$600.00 inc GST

DATE

AMOUNT

CARD TYPE

Visa

MasterCard

CARD NUMBER

EXPIRY DATE

CARD HOLDER NAME

CCV

CARDHOLDER SIGNATURE

OFFICE USE ONLY: COST CENTRE: 710077 ENTITY: 4109 ACCOUNT CODE: 470400

RETURN REGISTRATION FORM TO:

helen.briggs@ncahs.health.nsw.gov.au or FAX: 07 55067955

FURTHER ENQUIRIES:

Dr Blake Eddington on 0400588899 or Helen Briggs on 07 5506 7640

CANCELLATION POLICY: If cancellation is received after the closing date, the fee will not be waived.

Fee is

\$600

Course accredited for

\$2000 per day

Rural Procedural
Grant