

Course Registration Form



Sydney and Sydney Eye Hospital - Nursing Education, Research & Leadership Unit (NERLU)

Course Name: _____

Course Date: / /2020

Registration Information (please print clearly or type)

Name _____

Address: _____

Position: _____

Phone Number: _____

Email: _____

Place of Work and
Department: _____

Payment Details **1 Day Course \$190** **2 Day Course \$350**

Payment in the form of: Cheque /Money Order

Please make cheques payable to: South Eastern Sydney Local Health District

Credit card Payment: Visa card 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 and Sydney Eye Hospital -
Nursing Education, Research &
Leadership Unit (NERLU)
Administration Officer
G.P.O Box 1614
Sydney 2001

OR FAX: 02 9382 7162