



EFAST AAA ULTRASOUND WORKSHOP



I am registering to attend the ultrasound workshop to be held on: _____

As a Network 3 Registrar

\$150 (includes GST)

Once payment has been processed you will receive your receipt via email. You will then be emailed the pre-course reading and link to the online pre-test.

Successful completion of the online pre-test is an attendance pre-requisite.

First Name _____

Last Name _____

Name of DEMENT

Email _____

Work Location _____

Phone _____

Cancellation Terms and Conditions:

Cancellations within 2 weeks of the course date will incur the full course fee unless your place can be filled unless your place can be filled on the course. If you are applying for a refund outside the 2 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)

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

Ph: 02 9113 2425