Registration Form

FIRST NAME

LAST NAME

HOSPITAL

POSITION

CITY

STATE

COUNTRY

CONTACT NUMBER

E-MAIL ID

COLLEGE AFFILIATION

TRAINING STREAM

Have you attended the following before registering for this course?

- BASIC Course
  - YES
  - NO

- Simulation Course
  - YES
  - NO

- Procedure Course
  - YES
  - NO

Do you have a simulation lab in your department/hospital?

- YES
- NO
As part of the course, we intend to take photos for advertising and promotion. Please indicate consent for your photo to be taken.

☐ YES  ☐ NO

What do you expect to get out of this course?


DIETARY PREFERENCE


I consent to pay $1,250.00 towards the registration for the Critical STEPS Course.

SIGNATURE  FULL NAME

Registration is on First Come First Serve basis.

There are limited places, so HURRY!!!!

Registration will be confirmed on receipt of full payment.

Refunds will be considered under exceptional circumstances and subjected to approval by the course committee.

Registration fees: $1,250.00

Payment: Direct Debit ONLY
Bank: Commonwealth Bank
BSB: 064447 AC.10570144

Contact Details:
Company: AMAYZE Pty Ltd
ABN: 43 536 398 990
Website: www.criticalsteps.org
Email: info@criticalsteps.org
Mobile: 0488 629 105

Venue:
Frankston Hospital
2 Hastings Road,
Frankston VIC 3199.