

Yes

Dietary Preference

No

Advanced Nursing-STEPS Course Friday 11 October 2019

Registration Form			
Full NAME	Hos	pital	
Position	Dep	Department	
CITY	STATE	Country	
CONTACT NUMBER	EMA	AIL	
Have you attended any	of the following before th	is course?	
BASIC Nursing Course	Simulation Course	Procedure Course	
Yes	Yes	Yes	
No	No	No	
Do you have Simulation La	o in your hospital/department	?	
Yes No			

I agree to allow my photos to be taken for course promotion and social media purposes

Registration on First Come First Serve basis. Registration will be confirmed on receipt of full payment.

Send registration forms to: info@criticalsteps.org

Refunds considered under exceptional circumstances only (subject to approval by the Course Committee).

Email: info@criticalsteps.org

www.criticalsteps.org

Registration fees: \$450

Direct Debit ONLY

Amayze Pty Ltd Commonwealth Bank BSB: 064447 AC.10570144

Company: AMAYZE Pty Ltd

ABN: 43 536 398 990



ADVANCED NURSING STEPS COURSE



PRACTICAL.SIMULATION.EDUCATION.



FRI 11 OCTOBER 2019

Simulation Centre, Epworth Richmond 89 Bridge Road, Richmond VIC 3121



