Australian Resuscitation Council

ALS INSTRUCTOR COURSE

# REGISTRATION FORM

(Registrations close on Monday 17 December 2012)

## INSTRUCTOR COURSE DETAILS

Date:

☐ 19/20 January 2013

Time: 08:00 - 18:00 Day 1 & 2

Location: Notre Dame University
160 Oxford Street
Darlinghurst NSW 2010

## REGISTRATION TYPE

☐ Instructor Candidate $450.00 inc GST

## METHOD OF PAYMENT

☐ Enclosed is a cheque for $ _____ made payable in Australian Dollars to the "Australian Resuscitation Council".

Or

Please debit my: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Diners

For the amount of $ _____ (incl. GST)

Card No. _____

Expiry Date: ___/___

Cardholder Name: _____

Signature: _____

## CONTACT DETAILS

Mr/Ms/Dr/Prof: _____

First Name: _____

Surname: _____

Address: _____

_____

_____Postcode: _____

Email: _____

(*email is preferred method of contact)*

Telephone 1: _____

Telephone 2: _____

Nurse ☐ Registrar ☐ Consultant ☐ Nurse ☐

Paramedic ☐ Other _____

Current Hospital: _____

Current Department: _____

Current Position: _____

## DIETARY REQUIREMENTS

Please indicate if you have any special dietary requirements that our caterers need to be aware of :_____

_____

Course Centre & Date of ALS course when nominated as IP

Course Centre _____

Date: _____

Courses/Dates undertaken as observer since:

_____

_____

LODGING YOUR REGISTRATION

In case of cancellations within 4 weeks of the course, the full course fee will be charged. The full course fee is transferable to a future instructor course or substitute course participant.

Declaration

The information I have supplied in this application form is correct and I understand and agree to the conditions above.

Signed:

Date:

Please return your completed registration form to:

Mrs Carol Carey
Executive Officer
Australian Resuscitation Council
C/- Royal Australasian College of Surgeons
College of Surgeons' Gardens
250-290 Spring Street
EAST MELBOURNE VIC 3002
Tel: (03) 9249 1214
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Website: www.resus.org.au