

REGISTRATION FORM

CORE SKILLS: GENERAL SURGERY/ VASCULAR COURSE

(PLEASE RETURN THIS FORM TO CTEC VIA POST OR FAX)



THE UNIVERSITY OF
WESTERN AUSTRALIA



COURSE DETAILS

Course: General Surgery/Vascular Surgery

Dates: **Day 1** General Surgery (29th July)
Day 2 General Surgery (30th July)
Day 3 Vascular Surgery (31st July)

Time: **Day 1** 8.00am - 04.00pm
Day 2 8.00am - 03.45pm
Day 3 8.00am - 04.30pm

Location: Clinical Training and Education Centre (CTEC)
University of WA
Entrance No. 2, Hackett Drive
CRAWLEY WA 6009

REGISTRATION TYPE

- Day 1: General Surgery (Set 1-3) \$550 inc GST
- Day 2: General Surgery (Set 2-4) \$550 inc GST
- Day 3: Vascular Surgery \$550 inc GST
- Any 2 days (Please specify which) \$880 inc GST
- Full 3 Days \$1350 inc GST

METHOD OF PAYMENT

Enclosed is a cheque for \$_____ made payable in
Australian Dollars to **University of WA (CTEC)**
or

Please debit my: Visa MasterCard

For the amount of \$_____ (inc GST)

Card No. _____

Expiry Date: ____/____.

Cardholder Name: _____

Signature: _____

CONTACT DETAILS

Mr/Ms/Dr/Prof: _____ First Name: _____

Surname: _____

Address: _____

Postcode: _____

Email: _____

Telephone 1: _____

Telephone 2: _____

DIETARY REQUIREMENTS

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

ACCOMMODATION INFORMATION

CTEC can book accommodation on your behalf for this course. Please indicate below the details of your stay.

Accommodation	Cost (AU\$) Per Night	No. Nights
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Duxton Hotel \$210.00 (GST incl) _____

Check in date: ____/____/____ Check out date: ____/____/____

Please tick: Smoking or Non-smoking

Once a booking has been made, you will be notified by CTEC and then required to contact the accommodation provider directly to arrange payment. Cost is approx only & subject to availability. Changes & cancellations remain your responsibility.

PARKING INFORMATION

Metered parking is available on Hackett Drive. Please ensure you have change for these meters.

AWARENESS

How did you hear about this course?

- CTEC Flyer Medical Forum WA Faculty Member
 CTEC Website Other Website Mail/ Email
 CTEC Express Colleagues Hospital
Other _____

LODGING YOUR REGISTRATION

Complete this registration form and return to CTEC **as soon as possible** to avoid disappointment

Fax to: +61 (0)8 6488 8045 or Ph: +61 (0)8 6488 8044

Mail to: Program Assistant, CTEC, University of WA, Mail Point M306, 35 Stirling Hwy, CRAWLEY WA 6009

DATABASE DETAIL

Years of experience: _____

Current Hospital: _____

Current Department : _____

TERMS & CONDITIONS

I have read and agree to comply with the CTEC Registrant Terms and Conditions:

Signed: _____

REGISTRATION TERMS AND CONDITIONS

Cancellations

1. Cancellations advised in writing (30 days) will be refunded in full. Substitutions can be made at any time.
2. Cancellations due to illness, supported by a medical certificate will be refunded in full.
3. Cancellations received between 8 – 29 days prior to the event will be refunded 50%.
4. A refund will not be granted if a registrant fails to attend an activity, or cancels up to one week before the course.
5. Full payment is required on registration.
6. CTEC reserves the right to cancel planned courses and symposia, even at short notice.
7. In the event of cancellation, all paid course fees will be refunded. This precludes any other claims.
8. If a nominated presenter cannot take a course another faculty member will be engaged by CTEC.

Privacy Statement

CTEC is committed to protecting your privacy and the confidentiality and security of personal information provided by you to us. The personal information you provide in this form will be used by CTEC to:

- Process your registration form, which may include updating your record and profile information;
- Contact you in the event of cancellation;
- Conduct analysis or market research to identify the ongoing needs of registrants;
- Provide you with access to information about a range of current and future courses and associated events administered by CTEC.

If you do not wish to receive such information please tick this box and fax back to +61(0)8 6488 8045 and allow 4 weeks for processing. CTEC may disclose the personal information, which you provide to external service providers to whom we have contracted out functions such as printers or mailing houses, but only for the purposes outlined above. You have a right to access any personal information which CTEC holds about you, subject to the exceptions in the Privacy Act 1988 (Cth). Please contact CTEC if you would like to access or correct the personal information we hold about you. For more information on CTEC's Privacy Policy, please visit our website at www.ctec.uwa.edu.au.

Participants Responsibility to CTEC

1. If requested, participants are to provide proof of professional status.
2. Participants are to arrange own parking in accordance with UWA parking policy.
3. CTEC will not be liable for loss of personal property or parking fines incurred.
4. Participants agree to read and abide by all CTEC Health and Safety Guidelines provided.

Media Release Authority

During your participation in our courses, still photographs and video recordings may be taken that at times CTEC may use for educational, administration or promotional purposes.

By checking the box, you do not authorise CTEC to use these materials depicting you during the course.

I have read and agree to comply with the CTEC Registrant Terms and Conditions.

Signature: _____ Print Name: _____ Date: _____

EMERGENCY CONTACT DETAILS

First Name: _____ Surname: _____

Relationship: _____ Telephone 1: _____

Telephone 2: _____