



**Royal Australasian College of Surgeons
Skills and Education Centre**

REGISTRATION FORM

Laparoscopic Suturing Workshop

- Please register by 5 p.m. the Monday before the workshop. As course numbers are limited, places will be reserved in the order in which registrations are received.

Date of Course: _____

Name: _____

Position: _____

Experience in Laparoscopy: _____

Postal Address: _____

Telephone: _____

Fax: _____

Email: _____

PAYMENT OPTIONS (please tick the relevant box):

Registration fee: \$50 + GST = \$55

Please process my enclosed cheque (payable to Royal Australasian College of Surgeons and addressed to (Attention: Skills Lab) Spring St, Melbourne VIC 3000)

OR

Please process my credit card payment (tick one box and provide card details):

MasterCard Visa AMEX Diners Club

CREDIT CARD NUMBER: _____

CARD HOLDER'S NAME: _____

EXPIRY DATE: _____

When you have completed the form return via;

Email to arwen.tudor@surgeons.org

OR

FAX to 03 9276 7483

For any other enquiries please contact:

Arwen Tudor

Tel: 03 9276 7456

Email: arwen.tudor@surgeons.org