



Medical Emergencies in Children

1-3 June 2009

Web

Closing date three weeks prior to course commencement. Late applications considered.

Full Name _____ Male Female (please tick)

Postal Address _____

City _____ State _____ Postcode _____

Tel. (Work) _____ (Home) _____ Fax _____

Mobile _____ Email _____

Name of employing organisation _____

Work address _____

City _____ State _____ Postcode _____

Current position _____ Date commenced _____

Educational standard/qualifications relevant to this course _____

How did you find out about this course?

- Mayfield Courses Book
- Friend
- Work Colleague
- Mailout
- Advertisement (Please specify ie newspaper/journal/radio) _____
- Mayfield Website
- Other _____
- I am a past student of Mayfield

Fee Payment.

Course Fee \$895. Light lunch provided

Fee is being paid by Self Employer Other (Please tick)

Cheque/money order enclosed payable to Mayfield Education Inc or

Charge to Bankcard VISA Mastercard

Cardholders Name _____ Card Expires _____

Card Number ____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____

Authorised Signature _____ Date _____

Send to:
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Mayfield Education
2-10 Camberwell Road
Hawthorn East Vic 3123

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Fax: (03) 9882 7518
Email: info@mayfield.edu.au
Website: www.mayfield.edu.au