MAYFIELD EDUCATION

Application Form 2009

Paediatric Echocardiography Workshop
11July 2009

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

Web

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 $190 per person.
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
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Hawthorn East Vic 3123

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