



Paediatric Electrophysiology Workshop
21 November 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, 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: Student Services, Mayfield Education, 2-10 Camberwell Road, Hawthorn East Vic 3123

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