



# EMAC course

## Course Registration Form

### Applicant Details

First Name:	
Surname:	
Address:	
Email address:	
Contact number:	
Course date:	

### Employment Details

Profession / Position: (e.g. PF, PFY, AT, BT, GPA, etc.)	
Years of anaesthetic experience (including any exams completed, if applicable)	
Employed by: (e.g. FSH, CAHS, SMHS, WA Health, etc.)	
When do you finish your training? (if applicable)	

### Special Requirements

Dietary requirements:	
Allergies:	



## Payment Details

Standard cost - \$3,245

Early bird - \$2,596

Card type:	
Name on card:	
Card number:	
Expiry date:	

Please return completed form to [SimulationTeam.PCH@health.wa.gov.au](mailto:SimulationTeam.PCH@health.wa.gov.au)

### Refund Policy

Cancellation up to 4 weeks before course date = 100% refund

Cancellation between 2-4 weeks before course date = 50% refund

Cancellation less than 2 weeks before course date = no refund

The PCH Simulation Team reserves the right to cancel this course four weeks prior to the scheduled course date.