

**Registration form
Short Courses Ultrasound
Advanced Sonography
Ultrasound Program**



Please complete this form electronically and return it to AIHE email: shortcourses@aihe.edu.au. Payment can be made via the website, either by direct deposit or credit card, by clicking the appropriate link. On receiving this form and payment your place will be reserved for the course/s you have selected. Numbers are limited.

Application date

Course Code:(Highlight) SONO 1, 2 , 3 , 4

Course date/s:

Personal details

Family name (surname)

Given name

Area/s of practice

Hospital / Employer

Email address

Telephone

Mobile

Billing address

Building/property name

Unit number

Street number

Street name

PO Box details

Suburb, Locality, Town

State,Territory

Postcode

Registration requirements

Preferred name for name tag

Do you currently perform ultrasound regularly?

Do you have any special dietary requirements?

Please make payment via Direct Deposit (EFT) or Credit Card by following the appropriate link on our website

Privacy statement: The information supplied on this form is required by the Australian Institute of Healthcare Education Pty Ltd to manage your application, registration and course participation. No personal information will be disclosed outside the Australian Institute of Healthcare Education Pty Ltd without your express consent, except where required by law.