



# ANZCVS EQUINE CHAPTER: CARDIOLOGY WORKSHOP

## REGISTRATION FORM

### ATTENDEE DETAILS

First Name:

Qualifications:

Last Name:

Member/Fellow of ANZCVS:

Are you currently enrolled in a residency training program:

Location of residency training program:

Practice Name:

Address:

Email:

Phone:

Dietary requirements:

Type of registration:

Where did you hear about this workshop:

Do you consent to photographs being taken for advertising purposes and social media during this event?

### METHOD OF PAYMENT

#### **Payment by Bank Transfer**

Westpac Banking Corporation

BSB 034093

Account No. 219081

Please indicate your name and the code 'Cardio' on your transfer

#### **Payment by Card**

For your personal security please call ANZCVS on (07) 3423 2016 to organise a payment via card

NB: Payment by Mastercard or Visa will incur a 1.5% administration charge

