

PRE-HOSPITAL IMMEDIATE CARE IN SPORT

02-03 Nov 2021

Registration

Name	
Email	
Mobile	
Profession	Physio / Doctor / Nurse / other (please state)
Sports / clubs you are involved with	
Previous experience with immediate care courses / training? (give details)	
Emergency contact (name / number)	
Dietary requirements	
Other comments	

Payment details will be sent on receipt of this registration form

Please send the completed form to Fraser Brims wa.phicis@gmail.com

Strictly limited spaces. \$1250 per participant

Venue TBC