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| **PRE-HOSPITAL**  **IMMEDIATE CARE IN SPORT**  **28-29 Nov 2024**  **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](mailto:WA.PHICIS@gmail.com)Strictly limited spaces. $1250 per participant | |
| Venue: Cottesloe SCLC, Marine Parade, Cottesloe 6011 | |



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