



Registration form and Expression of Interest Form

Dates	Name of practice	Phone number	Please tick location	Number of people attending
Saturday 3 rd of July 2021 – Melbourne CBD 8.30am-12.30pm or 1pm 5.00pm				
Saturday 17 th July 2021 – Springvale 8.30am-12.30pm or 1pm-5pm				

Please fill out the following details to register for the surgical Infection Control Workshop. We look forward to meeting you and your team!

Names of people Attending:

Expression of interest

Practice Name/Phone No. and contact.	Town/City	Number of People

Course Fees:

Dental Nurses: \$395

Dentists: \$410

Please ensure to bring your own PPE glasses/shield.

If you wear scrubs in the practice please wear them on the day



Any questions please call Sue Sandles 0416263193

Remittance Instructions:	Total amount paid: \$ _____
Bank Account Name: Practice Base Solutions	
Bank BSB:	083-748
Bank Account No.	77-310-1460