





Australian Resuscitation Council

Place of work:	
<b>DIETARY REQUIREMENTS</b> Please indicate below if you have any special dietary requirements that our caterers need to be aware of:	
<b>Course Centre Identified as Instructor Potential (IP1):</b>	
<b>Course Date(s)</b>	
<b>Course Director:</b>	

**LODGING YOUR REGISTRATION**

Please return your completed registration form to:  
 Mrs Carol Carey, Executive Officer  
 Australian Resuscitation Council  
 C/- Royal Australasian College of Surgeons  
 250-290 Spring Street  
 EAST MELBOURNE VIC 3002  
 Tel: (03) 9249 1214  
 Fax: (03) 9249 1216  
 Email: [ARC@surgeons.org](mailto:ARC@surgeons.org) We  
 bsite: [www.resus.org.au](http://www.resus.org.au)

In case of cancellations within 3 weeks of the course, the full course fee will be charged. The full course fee is transferable to a future instructor course or substitute course participant.

The information I have supplied in this application form is correct and I understand and agree to the conditions above.

Signed:

Date: