



Australasian Board of Cardiovascular Perfusion

AUTOTRANSFUSION COURSE

Student registration:

Name:

Work Address:

Email:

Telephone:

Qualifications:

Position:

Hospital/Employer:



Conditions of Application:

1. I certify that all details are correct.
2. I agree that no course materials will be provided to me until I have paid the course fees as outlined in the Application Package.
3. I agree to have my name placed on a Register of Students who have completed the ABCP Autotransfusion Course.
4. I agree that although this course provides me with some theoretical information it does not imply clinical proficiency in the operation of a Cell Salvage device.

Name of Applicant

Name of
Applicant's employer:

Position

Signature of Applicant

Signature of Applicant's Employer



Payment Details:

Payment is required prior to the commencement of the Autotransfusion Course.

Payment is to be made to the Australia and New Zealand College of Perfusion (ANZCP) using the form below:

COST OF THE COURSE IS \$275.00 PER ENROLEE.

(Free for fellows of the Australia and New Zealand College of Perfusion).

Credit Card Payment:

VISA

MASTERCARD

- - -

Expiry Date:

/

Amount Paid: \$ _____

Signature of Cardholder: _____ Date: ____ / ____ / ____



Bank Deposit:

Account Name: ANZCP

BSB: 032 - 340

Account Number: 10 - 3758

Reference: AUTO – “Your Name”