ADHD

# ADULT ADHD MASTERCLASS for GPs

## DR SAIBAL GUHA PRESENTING THROUGH MICROSOFT TEAMS PLATFORM

## REGISTRATION FORM

Please charge my credit card $450.00 as follows:
(I understand my card will be charged only on completion of module)

☐ Mastercard ☐ Visa

Card Number* ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry Date* ☐☐ ☐☐ CCV* ☐☐☐ (Last 3 digits on reverse of card)

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Name: .....

Practice: .....

Email (for receipt): .....

Ph: 3088 2125 Fax: 3038 1182 Email: saicotalk@marsaiclinic.com.au