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| **ENDOSKILLS 3RD SPACE EDUCATION, TRAINING & RESEARCH GRANT 2020  ACQUISITION FORM** |

**\*ALL FIELDS ARE COMPULSORY**

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| **COMPANY NAME** | **CONTACT PERSON** |
| **ADDRESS** | **EMAIL ADDRESS** |
| **SUBURB STATE POSTCODE** | **PHONE NO** |
| **ABN** |  |

**WE WISH TO PROVIDE A GRANT IN SUPPORT OF ENDOSCOPY EDUCATION, TRAINING AND   
 RESEARCH IN THE AMOUNT OF A: (CHOOSE GST OPTION)**

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| **GRANT** | **$10,000** | ⬜ + GST | ⬜ incl GST | ⬜ GST Free |

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| --- | --- |
| Name of authorising company officer: |  |
| Signature: |  |
| Date: |  |

**THIS FORM IS REQUIRED TO BE RETURNED TO ENSURE AGREEMENT BEFORE 29TH FEB 2020 AND ALL DOCUMENTS EMAILED TO** [**Mandy.Gwan@health.nsw.gov.au**](mailto:Mandy.Gwan@health.nsw.gov.au)

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**RPAH USE**:

We accept the above grant for endoscopy education, training and research.

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| Name: | PAYAL SAXENA |
| Signature: |  |
| Date: |  |