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| **ENDOSKILLS 3RD SPACEEDUCATION, 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**

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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:  |  |