



## REGISTRATION FORM

### Biostatistics for Public Health and Clinical Researchers

*February 16, 17, 18 2009*

*Please print clearly*

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb/City: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Phone (incl country/area code): \_\_\_\_\_

Email: \_\_\_\_\_ Organisation: \_\_\_\_\_ Position: \_\_\_\_\_

**Please provide all details on separate sheet of each member of a group booking**

Course	# in group (if app)	Cost (incl GST)	Discount	Subtotal AUD \$
Biostatistics for Public Health and Clinical Researchers <b>DAY 1</b>		<b>\$440</b>		
Biostatistics for Public Health and Clinical Researchers <b>DAY 2</b>		<b>\$440</b>		
Biostatistics for Public Health and Clinical Researchers <b>DAY 3</b>		<b>\$440</b>		
			SPHPM Staff 20%	
			Monash PHD Student 50%	
			Other Monash/AMREP Staff 10%	
			AMREP Group (3 – 5) 10%	
			AMREP Group (> 5) 20%	
			Other (please specify)	
			<b>Total fee</b>	

1a) Do you wish to be credited with RACGP QA&CPD points?

Yes  No

b) Please provide your Q&A number:

2. Do you wish to be credited with RCNA CNE points:

Yes  No

### Method of Payment

Visa  Master card  Cheque

Card Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Cardholder's Name: \_\_\_\_\_

Expiry date: \_\_ / \_\_

Cardholder's Signature: \_\_\_\_\_

Cheque:

Please make payable to *Monash University*

Return your completed Registration form with payment to:

Attention: Ms. Suzy Giuliano  
 Department of Epidemiology and Preventive Medicine,  
 Monash University, Alfred Hospital  
 Melbourne 3004, Australia  
 Fax: 03 9903 0556  
 Phone: 03 9903 0892

Please keep a copy of this form as a tax invoice (a receipt will be provided)