



REGISTRATION FORM
Environmental Health Risk Assessment
 23 – 25 September, 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 \$ |
|--------------------------------------|---------------------|-----------------|------------------------------|-----------------|
| Environmental Health Risk Assessment | | DAY 1 \$220 | | |
| | | DAY 2 \$440 | | |
| | | DAY 3 \$440 | | |
| | | | SPHPM Staff 20% | |
| | | | Monash PHD Student 50% | |
| | | | Other Monash/AMREP Staff 10% | |
| | | | Other (please specify) | |
| | | | Total fee | |

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)