



REGISTRATION FORM

Occupational Health & Safety: Whose Responsibility?

October 12 – 13, 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)	<u>Discount</u>	Subtotal AUD \$
Occupational Health & Safety: Whose Responsibility?		\$880		
			Early Bird 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

Please print clearly

Method of Payment

Visa Master card Cheque

Card Number: / /

Expiry date: /

Cardholder's Name: _____

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)