



REGISTRATION FORM

Perioperative Medicine
21 July – 6 October, 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 \$
Certificate Course in Perioperative Medicine		\$2400		
			SPHPM Staff 20%	
			Monash PHD Student 50%	
			Other Monash/AMREP Staff 10%	
			AMREP Group (3 – 5) 10%	
			AMREP Group (> 5) 20%	
			Other (please specify)	
			Total fee	

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)

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