



REGISTRATION FORM
Australian Certificate of Civil Aviation Medicine
July 6 – 17, 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 \$
Australian Certificate of Civil Aviation Medicine		\$4000	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: / /

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

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