



REGISTRATION FORM

Biostatistics for Public Health and Clinical Researchers

February 16, 17, 18 2008

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 (excl GST)	Discount	Subtotal AUD \$
Biostatistics for Public Health and Clinical Researchers DAY 1		\$400		
Biostatistics for Public Health and Clinical Researchers DAY 2		\$400		
Biostatistics for Public Health and Clinical Researchers DAY 3		\$400		
			SPHPM Staff 20%	
			Monash PHD Student 50%	
			DEPM PHD Student Waived	
			Other Monash/AMREP Staff 10%	
			AMREP Group (3 – 5) 10%	
			AMREP Group (> 5) 20%	
			Plus 10% GST	
			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:

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Please make payable to *Monash University*

Return your completed Registration form with payment to:

Mr. Gary White

Department of Epidemiology and Preventive Medicine, Monash University, Alfred Hospital

Melbourne 3004, Australia

Fax: 03 9903 0181

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