



REGISTRATION FORM
Common Problems in Clinical Research
 February 24 2008

Please print clearly

Title: _____ First Name: _____ Family Name: _____

Address: _____ Suburb/City: _____

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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 \$
Common Problems in Clinical Research		\$400		
			SPHPM Staff 20%	
			Monash PHD Student 50%	
			Other Monash/AMREP Staff 10%	
			AMREP Group (3 – 5) 10%	
			AMREP Group (> 5) 20%	
			Other (please specify)	
			Plus 10% GST	
			Total fee	

1a) Do you wish to be credited with RACGP QA&CPD 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)