



**REGISTRATION FORM**  
**Environmental Health Risk Assessment**  
 30 August – 1 September 2010

Please print clearly and complete all fields to ensure accurate correspondence

**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

# in group (if applicable)	Cost (incl GST)	Subtotal AUD \$
	<b>\$1320 AUD</b>	
	Early Bird discount 10% (registration 6 weeks prior)	
	Discount % (Eg 10%)	
	Please specify type (Eg Monash Staff)	
	<b>Total fee</b>	

**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:**

[shortcourses.depm@med.monash.edu.au](mailto:shortcourses.depm@med.monash.edu.au)

**OR**

**Attention: Ms. Suzy Giuliano**

Department of Epidemiology and Preventive Medicine,  
 Monash University, Alfred Hospital  
 Melbourne 3004, Australia  
 Fax: 03 9903 0556  
 Phone: 03 9903 0693

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