



REGISTRATION FORM

Australian Certificate of Civil Aviation Medicine June 16 – 27 2008

Please print clearly

Title: _____ First Name: _____ Family Name: _____

Address: _____ Suburb/City: _____

State: _____ Postcode: _____ Phone (incl country/area code): _____

Email: _____

Course you wish to attend
(please fill in column on right)

Course	Fee (incl GST)
Australian Certificate of Civil Aviation Medicine (Includes Simulator)	4000
Total fee	AUD \$

Do you wish to be credited with RCNA CNE points:

Yes No

If you wish to be credited with RACGP QA&CPD points please provide your Q&A number:
 (if applicable)

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:

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)