



REGISTRATION FORM

Infectious Diseases: Epidemiology and Prevention

16th 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 \$
	\$440 AUD	
	Early Bird discount 10% (registration 6 weeks prior)	
	Discount % (Eg 10%)	
	Please specify type (Eg Monash Staff)	
	Total fee	

Method of Payment

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 Please make payable to *Monash University*

Return your completed registration form with payment to:

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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)