



REGISTRATION FORM

Intervention Mapping Oct 29 – 31 2008

Please print clearly

Title: _____ First Name: _____ Family Name: _____

Address: _____ Suburb/City: _____

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

Email: _____

Please provide all details on separate sheet of each member of a group booking

(please fill in column on right)

Course	No. in group (if applicable)		Discount	Fee AUD \$
<u>Intervention Mapping: Developing theory- and evidence-based programs for health promotion and public health</u>		Full Fee		1200
		DEPM Staff	20%	
		Monash PHD Student	50%	
		DEPM PHD Student	Waived	
		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:

Yes No

Method of Payment

Visa Master card Cheque

Card Number: ____/____/____/____

Cardholder's Name:

Expiry date: __/__/__

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)