



## REGISTRATION FORM **INJURY EPIDEMIOLOGY AND PREVENTION 7 – 8 July, 2008**

*Please print clearly*

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb/City: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Phone (incl country/area code): \_\_\_\_\_

Email: \_\_\_\_\_ Organisation: \_\_\_\_\_

**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 \$
<b>INJURY EPIDEMIOLOGY AND PREVENTION</b>			<b>Full Fee</b>	800
		<b>Monash PHD Student</b>	50%	
		<b>DEPM Staff</b>	20%	
		<b>DEPM PHD Student</b>	Waived*	
		<b>Monash Staff</b>	10%	
		<b>AMREP Group (3 – 5)</b>	10%	
		<b>AMREP Group (&gt; 5)</b>	20%	
		<b>Plus 10% GST</b>		
		<b>Total fee</b>		

**\*conditions apply**

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)