



REGISTRATION FORM

Biostatistics for Clinical and Public Health Researchers

August 6 – 7 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 \$
Biostatistics for Clinical and Public Health Researchers		Full Fee		800
DAY 1 only - Intro				400
DAY 2 only - Advanced				400
		DEPM Staff	20%	
		Monash PHD Student	50%	
		DEPM PHD Student	Waived	
		Monash Staff	10%	
		AMREP Group (3 – 5)	10%	
		AMREP Group (> 5)	20%	
		Plus 10% GST		
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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)