



HEALTH IMPACT ASSESSMENT SHORT COURSE

27TH -30TH JULY 2010

REGISTRATION FORM

Monash University ABN 12 377 614 012

Please keep a copy of this form as a tax invoice /receipt. All prices are inclusive of GST.

PERSONAL DETAILS

Title: _____ Given Name: _____ Surname: _____

Organisation: _____ Profession: _____

Email: _____

Postal Address: _____ Phone: _____

State: _____ Postcode: _____

Special Dietary Requirements: _____

Preferred name on badge: _____

Do you agree to have your name and email included in a participation list for distribution at course:

(yes/NO): _____

REGISTRATION PAYMENT

Cheque made payable to Monash University. (Amount Payable: \$995)

Or

Credit Payment Method: Visa Master Card

Card holder's name: _____

Card Number: _____

Expiry Date: _____

Signature: _____

Please send Payments to: Short Course Administrative Officer

Department of Health and Social Science

Building T, Level 3

Monash University

900 Dandenong Road

Caulfield East Victoria 3145

Email: healthsocialscience@med.monash.edu.au

Fax:- +61 3 99031658