

The Problem Gambling Research and Treatment Centre
**COGNITIVE & BEHAVIOURAL TREATMENT OF
PROBLEM GAMBLERS WORKSHOP**
- with Prof Robert Ladouceur

Monday 24 August, 2009

Registration Form / Tax Invoice
Monash University ABN 12 377 614 012

Personal Details (PLEASE PRINT CLEARLY):

(ALL PRICES ARE GST INCLUSIVE)

DELEGATE 1

Title (PLEASE TICK): Dr Prof Mr Mrs Ms Other

Given Name:

Surname:

Affiliation/Organisation:

Postal Address:

State:

Postcode:

Telephone (W):

Telephone (H):

Facsimile:

Email:

Preferred name on badge:

Do you agree to have your name, organisation and email address included in a participants list available for distribution at the workshop?

Yes No

Special dietary needs: vegetarian other (please specify)

WORKSHOP REGISTRATION

Full Registration

Registration AU\$250.00

Gamblers Help Staff Subsidised Registration

Registration AU\$125.00

REGISTRATION PAYMENT DETAILS

Cheque made payable to 'Monash University' OR

Card Payment: VISA Mastercard American Express

Card Number:

Cardholder's name:

Expiry Date:

Signature:

TOTAL PAYABLE:

\$

Please send your completed registration form with payment (in Australian dollars) to:

Anna Chapman, School of Primary Health Care, Monash University

Building 1, 270 Ferntree Gully Rd, Notting Hill, Victoria 3168 Australia OR Fax: +61 3 8575 2233

REGISTRANT SELECTION

Due to limited workshop places, the final selection of registrants will ensure an equitable distribution across services. If more than one registration form is submitted per organisation, please rank each registration form (below) to assist with the selection process.

RANKING _____