

Registration Form



Title: Surname: _____

First Name: _____

Mailing Address: _____

_____ Postcode: _____

Phone/Daytime: _____

Fax: _____

Email: _____

I am a :

Paediatrician General Practitioner Nurse

Physiotherapist Other _____



PAYMENT CAN BE MADE BY CREDIT CARD:

Card Type: (Please tick) Visa Mastercard:

Card Number: _____

Cardholders name: _____

Expiry date: __ / __ / 20__

Amount: \$80 \$50 SCHN employees

We also accept cheques made payable to:

Adolescent Medicine, Sydney Children's Hospital Network Westmead.

Please note any dietary requirements _____

Fax to (02) 9845 2517 or email to jeanelle.wood@health.nsw.gov.au

Cancellation policy: Please note that a 50% refund is given if written cancellation received by Friday 13th of November. No refund will be given for cancellations after this date.

REGISTRATIONS CLOSE: Friday 13th November 2015

For registration enquiries contact Jeanelle Wood
on 9845 2446 or email jeanelle.wood@health.nsw.gov.au