

**Curing Hepatitis C in General Practice | 7 March 2018 | DEE WHY**  
**RACGP NSW&ACT**

Please print letters clearly.  
Use black or blue pen.  
Place  in all applicable boxes.

## Section A: Registrant information

Title First name Surname

Profession RACGP no. (if applicable)

Address Postcode

Contact telephone Fax Email

Special requirements (i.e. dietary, physical etc.)

## Section B: Membership type

RACGP member **\$0.00**

Non-member **\$0.00**

## Section C: Declaration

By signing and returning this registration form to the RACGP, I the delegate make the following declarations:

I have read, understood and accept the RACGP Delegate Conditions and Cancellation Policy which can be found at [www.racgp.org.au/usage/delegate-conditions](http://www.racgp.org.au/usage/delegate-conditions) (or provided on request).

I have read, understood and accept the RACGP Privacy Statement which can be found at [www.racgp.org.au/usage/delegate-conditions](http://www.racgp.org.au/usage/delegate-conditions) (or provided on request) and consent to my personal information being dealt with to administer this event.


Signature of delegate

Date

### How to lodge your application

Please complete and return this form

 Email [nswact.events@racgp.org.au](mailto:nswact.events@racgp.org.au) or [ela.duraj@racgp.org.au](mailto:ela.duraj@racgp.org.au)

 Fax 02 9886 4790

 Post RACGP NSW&ACT, PO Box 534, North Sydney NSW 2060

For more information or queries please call **Ela Duraj** on **9886 4703** or email [ela.duraj@racgp.org.au](mailto:ela.duraj@racgp.org.au)

You must contact the RACGP NSW&ACT office if you have not received your confirmation email within 5 working days of submitting your registration. The RACGP accepts no responsibility for assumed registrations that have not been confirmed in writing by the RACGP NSW&ACT office.