



Workshop Registration Form 2009

ABN: 13 993 250 709

Workshop title:

Workshop date:

Name:

Organisation:

Position:

Postal address:

E-mail:

Daytime telephone number:

Fax:

N.B: A separate enrolment form is required for each workshop and each participant

Payment: 1 day workshop: **\$105 (exc GST), \$115.50 (incl GST)**
2 day workshop: **\$195 (exc GST), \$214.50 (incl GST)**

Cheque/ money order enclosed, for amount: \$ _____ made out to Graylands Selby-Lemnos & Special Care Health Services (GSL & SCHS)

Please debit the total amount due indicated above to:

Health Service/Hospital Name: _____

Authorising officer name: _____ **HE Number:** _____

Cost Centre Number: _____ **Tel:** _____

Other (please specify) _____

- For GST purposes, this document will be a Tax Invoice upon payment.
- A receipt and/or confirmation of registration will be issued upon payment
- **Cancellation Policy:** All cancellations must be notified in writing. Cancellations received one week prior to workshop will be refunded in full. If you cannot attend, your registration is transferable to another member of your organisation.

Please post or fax to:

Administrative Assistant
Centre for Clinical Interventions
223 James Street, Northbridge WA 6003
Fax: (08) 9328 5911

For further information, please contact
Alice Martins at **CCI:** (08) 9227 4399
info.cci@health.wa.gov.au
Available Tuesdays 9am-2.30pm