

**Wilderness and Expedition Medicine Conference**

2<sup>nd</sup> October 2010

**Conference Registration Form**

**ABN - 642461421 this is a TAX INVOICE**



Title ..... First Name .....

Last Name .....

Organisation.....

Position .....

Address .....

.....PostCode .....

Telephone ..... Fax.....

Email ..... RACGP/ACRRM No .....

Do you need a professional development certification? Please circle Yes/No

If yes for which professional college? .....

Preferred name on badge .....

I would like Morning Tea Lunch Afternoon Tea

Dietary Requirements: .....

**PAYMENT - \$30.00 for full or part day. I wish to pay by:**

Cheque – payable to Australasian College of Tropical Medicine

PayAnybody: Suncorp BSB 484-799 Account No. 10120 0761

*Please put WEM Conference in Reference section* Date of transfer .....

Visa/MasterCard Number ..... Exp date...../.....

*Please circle*

Name on Card ..... Signature .....

**Please post, fax or e-mail this registration form to:**

Ms Anne Hoskins  
PathWest Laboratory Medicine WA  
Division of Microbiology and Infectious Diseases  
Locked Bag 2009  
NEDLANDS WA 6909  
Fax: 08 9381 7139

*E-mail: anne.hoskins@health.wa.gov.au*

