

Wilderness and Expedition Medicine Conference

2nd 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 (including GST). 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 & your last name 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