

Australian Health Emergency Coordinator's Conference

Registration Form (please complete one form for each delegate)

Title (Mr/Mrs/Ms/Dr): Given Name: Surname:

Occupation/Position:

Place of Employment:

Postal Address:

Suburb: State: Postcode:

Daytime Phone: Email:

Mobile: Fax:

Email:

Special Requirements e.g diet, access:

Please tick this box if you DO NOT want your details to appear on a list of delegates

Please indicate your preference for correspondence: Post Email:

TAX INVOICE All prices include GST. Hunter New England Area Health Service ABN:
24500842605

(Please note that the completed registration form is recognised by the Australian Taxation
Office as a compliant Tax Invoice)

	'Early' Registration (up to Friday 14 Sept 07)	Regular Registration (after Friday 14 Sept 07)	TOTAL
Full Conference (2 Days)	\$120.00	\$150.00	

PAYMENT: (All prices include GST) ABN: 24500842605

Cheque or Money Order enclosed (Payable to: Hunter New England Area Health Service)

Credit Card Payment:

Card Type Mastercard Visa Expiry Date: __ __ / __ __

Card Number: _____

Name on Card:

Signature:

Please complete form and return with payment to:
Linda Winn, HNEH
Area Manager Disaster Response and Coordination
Room 2043, HAPS Building, JHH Campus,
Locked Bag 1, NEW LAMBTON, 2305, NSW, Australia.
Fax: (02) 4921 4749