

# Registration form

## The Alfred ICU Trauma Course - Thursday 19th November 2009

To register for the course, please complete this page and return via mail or fax: +61 3 9076 3780  
PLEASE PRINT IN BLOCK LETTERS

### Personal Information

Title:  Prof  A/Prof  Dr  Mr  Mrs  Ms

Given name: \_\_\_\_\_

Family name: \_\_\_\_\_

Postal address: \_\_\_\_\_  
\_\_\_\_\_

Suburb/town/city: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Name Badge Details

Delegate Name: \_\_\_\_\_

Institution: \_\_\_\_\_

### Special Requirements

Please indicate special dietary requirements / needs: \_\_\_\_\_  
\_\_\_\_\_

### Privacy & Delegate List

A list of delegate contact details will be issued to all delegates and sponsors. If you do NOT want your details included on this list please indicate  NO

### Cancellation Policy

Cancellations within two weeks of the course will incur a cancellation fee equivalent to the registration fee.

### Registration Fees

Physician \$270

Other health professionals \$220

REGISTRATION FEE TOTAL \$ \_\_\_\_\_

### Payment options

Cheque (made payable to Alfred Intensive Care Pty Ltd)

EFT (please contact us for EFT details)

Credit card\*

### Card type

Visa  MasterCard

Card number:

Expiry date:  /

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

All prices are inclusive of GST

\*A 3% credit card surcharge will apply

Please send completed form to:

Ms Janine Dyer  
ICU Administration  
The Alfred Hospital  
Level 3, East Block  
Commercial Rd  
MELBOURNE VIC 3004

Tel: +61 3 9076 3036

Fax: +61 3 9076 3780

Email: [j.dyer@alfred.org.au](mailto:j.dyer@alfred.org.au)

Web: [www.alfredicu.org.au](http://www.alfredicu.org.au)

### OFFICE USE ONLY

Date received:

Payment Method

Processed by:

Payment Amount \$

Date Processed

Date conf. sent: