



THE UNIVERSITY OF  
MELBOURNE

Academic Child Psychiatry Unit  
Department of Paediatrics, University of Melbourne  
Royal Children's Hospital, Flemington Road  
PARKVILLE VIC 3052

Phone: (+ 61 3) 9345 4666

Fax: (+ 61 3) 9345 6002

E-mail: [acpu.mhs@rch.org.au](mailto:acpu.mhs@rch.org.au)

Website: [www.rch.org.au/acpu](http://www.rch.org.au/acpu)

ROYAL  
CHILDREN'S  
HOSPITAL



## REGISTRATION FORM

Clinical Symposium - Monday 14<sup>th</sup> November 2005  
"Biological Contributions to Child Psychiatry"

### Personal Details (please print)

Title: \_\_\_\_\_ Position: \_\_\_\_\_

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

### Cost/Payment

The cost to attend (including catering) is **AUD \$150.00 (incl GST)**.

The Royal Children's Hospital ABN is 35 655 720 546.

I enclose a cheque / money order for AUD \$150.00 made payable to The Royal Children's Hospital

I authorise a payment of AUD \$150.00 from my credit card:

Visa       Mastercard       Bankcard       Other: \_\_\_\_\_

• Card number: \_\_\_\_\_

• Card holder's name (as shown on card, please print): \_\_\_\_\_

• Expiry date of credit card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete and return this Registration form, along with your payment to:**

**Karen Dally**

**Academic Child Psychiatry Unit, Royal Children's Hospital, Flemington Road, Parkville 3052  
or send by facsimile (03) 9345 6002**