



THE UNIVERSITY OF  
MELBOURNE

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ROYAL  
CHILDREN'S  
HOSPITAL



## REGISTRATION FORM

Research Symposium - Tuesday 15<sup>th</sup> November 2005  
"ADHD: Taking the Next Step"

### 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**