

RECOGNITION OF UNWELL CHILD WORKSHOP EXTERNAL APPLICATION FORM

Name: _____

Mailing Address: _____

_____ P/Code _____

Workplace: _____

Current Position and Ward/Department: _____

Contact Number: _____

Email: _____

Please indicate below the workshop you wish to attend.

Workshop 1 - 13/04/10

Workshop 2 - 08/06/10

Workshop 3 - 10/08/10

Workshop 4 - 12/10/10

Workshop 5 - 07/12/10

Price: \$150
(includes GST and materials)

Method of Payment: Cheque Master Card Visa Other

Credit Card Details:

Cardholder Name: _____ Signature: _____

Card #: _____ Expiry Date: _____

Please return to: Gemma Phipps - Program Coordinator
Mackinnon Education Centre - Level 7 South East Building
Royal Children's Hospital Flemington Rd, Parkville Vic 3052
Fax (03)9345 5606 Email: mackinnon.education@rch.org.au