

## REGISTRATION FORM

### Integrated Mental Health Program

HALF DAY SYMPOSIUM – FRIDAY 29<sup>TH</sup> FEBRUARY 2008

“UNDERSTANDING AND MANAGING SEVERE AGGRESSION –  
AN INTEGRATED APPROACH”

#### PERSONAL DETAILS *(please print)*

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

Position/Discipline: \_\_\_\_\_

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

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

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

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

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

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

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

#### COST/PAYMENT

The cost to attend (including catering) is **AUD \$50.00** (including GST).

*The University of Melbourne ABN is 84 002 705 224. This form becomes a Tax Invoice/Receipt upon receipt of payment.*

I enclose a cheque / money order for AUD \$50.00 made payable to:

***The University of Melbourne.***

I authorise a payment of AUD \$50.00 from my credit card:

Visa     Mastercard     Bankcard    • Expiry date of credit card: \_\_\_\_\_

• Card number: \_\_\_\_\_

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

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

**Please complete and return this form by 25/02/08:**

**Facsimile:** (+613) 9345 6002 - **Email:** [karen.dally@rch.org.au](mailto:karen.dally@rch.org.au) - **Hand delivery:** Ground Floor, South East Building, RCH

**Mail:** Att: Karen Dally, Academic Child Psychiatry Unit, Royal Children's Hospital, Flemington Road, Parkville VIC 3052