

REGISTRATION FORM

Paediatric Nutrition

Professional Development Day for Dietitians

Friday 15th November 2019

NAME: _____

ADDRESS: _____

TELEPHONE: WORK: _____ **MOBILE:** _____

EMAIL: _____

CURRENT POSITION: _____

WORKPLACE: _____

PAEDIATRIC WORK EXPERIENCE:

NONE < 1 YEAR 1-5 YEARS 5-10 YEARS >10 YEARS

PLACE OF WORK:

COMMUNITY HEALTH HOSPITAL PRIVATE PRACTICE

RURAL AREA METROPOLITAN AREA REGIONAL AREA

OTHER (PLEASE GIVE DETAILS) _____

HAVE YOU PREVIOUSLY COMPLETED THE CERTIFICATE IN PAEDIATRIC NUTRITION & DIETETICS AT RCH?

NO YES – YEAR _____

The Royal Children's Hospital Melbourne
50 Flemington Road
Parkville Victoria 3052 Australia
TELEPHONE +61 3 9345 5522
www.rch.org.au



TAX INVOICE / PAYMENT OPTIONS

ABN: 3565570546

Early Bird Registration (Friday 18th October 2019) \$190 (Includes GST)

Standard Registration (after Friday 18th October 2019) \$250 (Includes GST)

Pay by Cheque: *Please make payable to "Royal Children's Hospital"*

Pay by Credit Card: *Please complete details below:*

Card Type: **Visa** **Mastercard** Amount: \$ _____

Card Number: - - - - / - - - - / - - - - / - - - -

Expiry Date: - - / - -

Name: (as it appears on card) _____

Signature: _____

PLEASE NOTE:

Cancellations up to 7 days prior to the event date will incur an administration fee of \$50.
No refunds will be given for cancellations made less than 7 days prior to the event date.
A nominated substitute may attend.

DIETARY REQUIREMENTS: Registration includes light lunch and refreshments. Please advise us if you have special dietary requirements.

Send to: Mary McPherson & Sarah Efkliides

Department of Nutrition & Food Services

Royal Children's Hospital

Flemington Road, Parkville 3052

Phone: (03) 9345 5668

Email: mary.mcpherson@rch.org.au sarah.efkliides@rch.org.au