

REGISTRATION FORM

NUTRITION, HEALTH AND DEVELOPMENT IN THE EARLY YEARS

MATERNAL & CHILD HEALTH / PAEDIATRIC NURSES

Friday 9th August 2019

NAME: _____

ADDRESS: _____

TELEPHONE: _____

WORK: _____ **MOBILE:** _____

EMAIL: _____

PROFESSION: _____

CURRENT POSITION: _____

WORKPLACE: _____

PAEDIATRIC WORK EXPERIENCE:

STUDENT < 1 YEAR 1-5 YEARS 5-10 YEARS >10 YEARS

PLACE OF WORK:

LGA METROPOLITAN AREA RURAL AREA

HOSPITAL METROPOLITAN AREA RURAL AREA

COMMUNITY HEALTH METROPOLITAN AREA RURAL AREA

STUDENT

OTHER (PLEASE GIVE DETAILS) _____

TAX INVOICE / PAYMENT OPTIONS

ABN: 3565570546

Early Bird Registration (Friday 12th July 2019) \$180 (Includes GST)

Standard Registration (after Friday 12th July 2019) \$225 (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 morning tea refreshments only. Lunch is not included. Please advise us if you have special dietary requirements or write N/A if none.

Send to:

Sarah Efkliides
Department of Nutrition & Food Services
Royal Children's Hospital
Flemington Road, Parkville 3052
Phone: (03) 9345 9300
Email: sarah.efkliides@rch.org.au