

REGISTRATION FORM
NUTRITION IN THE EARLY YEARS
MATERNAL & CHILD HEALTH / PAEDIATRIC NURSES

Thursday 19th August 2021

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) _____

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 (Monday 19th July 2021) \$150 (Includes GST)

Standard Registration (after Monday 19th July 2021) \$200 (Includes GST)

Please note credit card payments will incur a 1.5% surcharge

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.

Send to:

Mary McPherson & Katie O'Brien (please cc both in)
Department of Nutrition & Food Services
Royal Children's Hospital
Flemington Road, Parkville 3052
Phone: (03) 9345 5668
Email: mary.mcpherson@rch.org.au;
Katie.O'Brien@rch.org.au