

REGISTRATION / TAX INVOICE

CONCEPT DEVELOPMENT WORKSHOP FOR INVESTIGATORS



University of Sydney (NHMRC Clinical Trials Centre)

ABN: 15 211 513 464

This registration form is a valid **tax invoice**

Mr / Mrs / Ms / Dr / Other _____

Name _____

Work Affiliation and Department _____

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Phone Work _____

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Dietary Requirements _____

Please register me for :

Tick	Course	Date	Price (GST included)
	Concept Development Workshop	10 July 2009	\$100
TOTAL			\$100

Payment Options:

Please find enclosed a cheque (in \$AUD) made payable to 'The University of Sydney'

OR

Please charge my VISA Mastercard Bankcard

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Expiry: ____ / ____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Amount \$ _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Name on card _____	_____ Signature:
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Registration will not be confirmed until full payment is received

Post or fax to:

Angus McDonald
 NHMRC Clinical Trials Centre
 Locked Bag 77
 Camperdown NSW 1450

Ph: +61 2 9562 5310
 Fx: +61 2 9562 5094

Scan & Email to:

cpg@ctc.usyd.edu.au

NOTE : Due to the nature of this course, only a limited number of people will be able to participate. We encourage early registrations so that you do not miss out!