

Is there anything you would particularly like to be included in the Workshop program?

Yes

No

If Yes, please specify:

Special Dietary Requirements:

(Vegetarian, Coeliac)

Attendance at the Workshop is approved by your Manager/CEO

Signed by Manager/CEO: Date:

Please note: Your Health Service will need to cover the cost of travel and accommodation

There is no cost associated with the workshop itself

Please fax this completed Registration Form to ICPOCT : (08) 8201 7666 or

email: istat@flinders.edu.au no later than 12th June 2017

We look forward to seeing you there

