

OMOZ 2012

Australian otitis media workshop

The Esplanade, Fremantle

2nd - 4th May 2012



Registration form (Tax Invoice) ABN - 86 009 278 755

Attendee information

Title Prof Dr Mr Mrs Ms Other

First name Surname

Position Department

Organisation

Address

Phone Fax Mobile

Email

Registration fees

Workshop - \$300 per person (GST inclusive)

Workshop (student) - \$200 per person (GST inclusive)

Special dietary requirements? Please specify

Social function at Maritime Museum, Fremantle on 3rd May - \$75 per person (GST inclusive)

Drinks and gourmet platters included.

Special dietary requirements? Please specify

Payment methods

Total amount due \$.....

Electronic funds transfer

Account Name: Telethon Institute for Child Health Research

BSB: 086-492 Account No: 687083964

Bank: National Australia Bank Branch: 1232 Hay St, West Perth 6005

Please enter OMOZ and your surname in the payment description

This document will become a Tax Invoice for GST purposes when full payment is received.

Credit card Visa Mastercard American Express

Name on credit card Signature

Credit card number Exp date

Today's date

Cheque enclosed: to be made payable to Telethon Institute for Child Health Research

Please complete this form by April 2nd 2012 and return via:

Email: registration@omoz.com.au

Fax: 08 9340 8402

Post: Ruth Thornton, Level 4 Admin Building, Princess Margaret Hospital, Subiaco WA 6008

Phone enquiries: 08 9340 8340