

REGISTRATION FORM

Closing Date: 12th October 2007

Dr/Mr/Mrs/Ms/Miss

First Name	Last Name
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Please print your name in block letters. The above name will appear on your CME Attendance Certificate

Position

Organisation

Postal Address

Email Address

Telephone

I wish to register for:

Please tick appropriate box

Saturday afternoon	<input type="checkbox"/>	\$60.00 (Full time Student \$25.00)
Sunday morning	<input type="checkbox"/>	\$40.00 (Full time Student \$20.00)
Both Saturday and Sunday	<input type="checkbox"/>	\$75.00 (Full time Student \$30.00)

TOTAL ENCLOSED

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Registration includes lunch, afternoon tea and a post meeting social on Saturday and/or morning tea and lunch on Sunday.

Full payment must be enclosed with this Registration Form.

Cheques or Postal Notes should be made payable to "Pathology Services Royal Hobart Hospital".

A receipt will be issued to you on the day of attendance.

Return the Registration Form to:

1. FAX: 62 228996
2. MAIL: Dr Tom Hartley
New Knowledge on Perennial Problems
Pathology Services
Royal Hobart Hospital
PO Box 1061
HOBART, TASMANIA, 7000