

REGISTRATION FORM

CHARGE Syndrome - Morning for Professionals

Personal Details

Name	
Title	
Current Position	
Agency/Affiliation	
Street	
Suburb	
Town/City and Postcode	
State/Country	
Telephone (day)	
Telephone (after hours)	
Email	
Role (eg. GP, Medical Specialist, Educator, Nurse, Therapist, Social Worker, Other)	
Special Requirements (Eg. Auslan Interpreter, Large print, Braille, Dietary)	
Other	

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Payment Details

\$150 per person includes the following:

- Forum attendance - Morning for Professionals
- Coffee at registration
- Morning tea
- Papers
- Opportunity for questions and discussion with speakers.

<p>Please post completed registration form and payment to:</p> <p>CHARGE Syndrome Association of Australasia c/o Ken Patterson, Treasurer PO Box 91 Glenfield NSW 2167 Phone no: 02 9605 8479 Fax no: 02 9605 8759</p> <p>All Payments to be received by 1 August, 2010 All Prices in \$Aus</p> <p>Make cheques payable to: The CHARGE Syndrome Association of Australasia</p> <p>Credit Card Bankcard / Visa / MasterCard</p> <p>Name on Card: _____</p> <p>Card Number: _____</p> <p>Exp Date: _____</p> <p>Signature: _____</p>	<p>CANCELLATION POLICY</p> <p>Once registration form is received, the following cancellation policy will apply</p> <p>34+ days prior to conference 10% cancellation fee</p> <p>10 - 34 days prior to conference 50% cancellation fee</p> <p>Less than 10 days prior to conference 100% cancellation fee</p> <hr/>
<p>Do you require a tax invoice? (please circle)</p>	<p>Yes No</p>