



PUBLIC HEALTH ASSOCIATION
of Australia Inc

Tax Invoice/Receipt

ABN 41 062 894 473

PUBLIC HEALTH ASSOCIATION AUSTRALIA (WA BRANCH)

State Conference

Public Health in the 21st Century "People, Places and Priorities"

Registration Form Breakfast Seminar

Location:

Fairweathers Bar,
Building 42 Fremantle Hotel,
Notre Dame University,
High Street, Fremantle

When:

7.30 to 9.00am, Tuesday, 30 October 2007

Delegate Information (please print clearly)

Title: _____

Family Name: _____

Given Name: _____

Employment Details

Organisation: _____

Position: _____

Postal Address: _____

City/State/Postcode: _____

Phone: _____ Fax: _____

Email: _____

Correspondence will be conducted by email where possible.

Registration Fees

Members	\$40	<input type="checkbox"/>
Non-members	\$45	<input type="checkbox"/>

Payment: All fees are inclusive of GST

Please attach cheque when returning form or provide credit card details as requested.

Cheque Payment

Cheques should be made payable to the **Public Health Association Australia**

Credit Card

Please charge my:

Mastercard Visa

for the sum of \$AUD _____

Name on card _____

Expiry date _____ / _____

Card Number _ _ _ _ _

Signature _____

Please fax completed registration form to PHAA-WA on (08) 9433 5648 or post Forms and payments to PO Box 549 West Perth WA 6872

If you have any enquiries please email: ephipps@bigpond.com.au.