

# Health for all: The People's Health Movement



## Workshop Registration Form

Tax Invoice/Receipt



**Public Health Association**  
AUSTRALIA  
ABN 41 062 894 473

**Sunday 6th July 2008**  
**The Ship Inn at SouthBank, Parklands, Brisbane**

Please fax completed registration form to PHAA secretariat on (02) 6282 5438, Phone (02) 6285 2373,  
Postal Address: PHAA, PO Box 319, CURTIN ACT 2605 or for further enquiries email: conference@phaa.net.au,

Delegate Information (please print clearly)

Surname: ..... First Name: ..... Title: .....

Organisation ..... Position .....

Postal Address .....

City/State/Postcode/Country .....

Phone ..... Mobile (for emergency contact only) .....

Fax ..... Email .....

Special Dietary Needs .....

**Correspondence will be conducted by email where possible**

### Registration Fees

\$60 Full registration

\$30 Students

### Amount Due:

Registration Fee: \$ .....

Total: \$ .....

**Payment:** All fees include 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 of Australia Inc. (PHAA)

### Credit Card Details

Please charge my:

Mastercard  Visa

for the sum of \$AUD .....

Name on card .....

Expiry date ..... / .....

Card Number .....

Signature .....

### PLEASE NOTE:

**Registrations close 1st July 2008 and no refunds will be given for cancellations after this date**