

NUTRITION MEDICINE IN HEALTH AND DISEASE

June 12, 13 & 14 2010 - REGISTRATION FORM

Please print your details clearly

REGISTRATION DETAILS

| | | |
|------------|----------------------|------------------------------|
| Title | <input type="text"/> | |
| First Name | <input type="text"/> | Surname <input type="text"/> |
| Address | <input type="text"/> | |
| | <input type="text"/> | |
| Telephone | <input type="text"/> | Fax <input type="text"/> |
| Email | <input type="text"/> | |
| RACGP. # | <input type="text"/> | |

REGISTRATION PAYMENT DETAILS

Cheques can be made payable to: 'Australian College of Holistic Medicine'

or

| | | | | |
|---|-------------------------------|-------------------------------|---------------------------------|-------------------------------------|
| Please charge my: | Visa <input type="checkbox"/> | AMEX <input type="checkbox"/> | Diners <input type="checkbox"/> | Mastercard <input type="checkbox"/> |
| Credit Card Number | <input type="text"/> | | | |
| Card Holder Name | <input type="text"/> | Expiry Date | <input type="text"/> | |
| Signature | <input type="text"/> | | | |
| Last 3 Digits on the back of your credit card | | | | <input type="text"/> |
| Amount | \$ | <input type="text"/> | | |

EVENT ATTENDANCE

Please mark your days of attendance

Saturday Sunday Monday

Are you a student?

Yes No

Are you a repeat attendee?

Yes No

Do you require Accommodation at the Holiday Inn Hotel?

Yes No

Arrival Date

Departure Date

HOLIDAY INN ACCOMMODATION BOOKING DETAILS

Use credit card details above?

Yes

or

Please charge my: Visa AMEX Diners Mastercard

Credit Card Number

Card Holder Name Expiry Date

Signature

Last 3 Digits on the back of your credit card

Amount \$

Marilyn Strauss

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