



TAX INVOICE

ABN: 35 655 720 546

VFPMS Regional Practitioners' Seminar: 2nd December 2010 REGISTRATION & PAYMENT FORM

Name: _____
Organisation: _____
Contact: _____
Email: _____

- I wish to register my attendance
 I wish to register _____ guests for attendance

Seminar Fee:

- 2 December 2010
\$200 per person (GST Inclusive)

Total Payable: \$ _____ (incl. GST)

Payment Method:

This document becomes a tax invoice upon receipt of payment. Please ensure you retain a copy of this registration form/tax invoice for your records. No receipt/invoice will be issued.

- Cheque:** Payable to ROYAL CHILDREN'S HOSPITAL
- Credit Card:** Please Charge My:
- Visa Mastercard AMEX

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Mail or Fax Registration Form/Payment to:

Administration Officer
VFPMS
Royal Children's Hospital
PARKVILLE VIC 3052

Fax: (03) 9345 4105

Email: kathy.bowden@rch.org.au