



Victorian Forensic Paediatric Medical Services

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TAX INVOICE

ABN: 35 655 720 546

Medico-Legal Care for Abused Children:
Rydges on Swanston, Carlton VIC - Thurs 24TH & Fri 25TH November 2011
REGISTRATION & PAYMENT FORM

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

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

Seminar Fee: (Morning tea, lunch & afternoon tea provided)

- Thursday 24th November 2011**
\$220 per person (GST Inclusive) **Friday 25th November 2011**
\$220 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:
 Visa Mastercard AMEX

Card Number: _____ Expiry: _____

Verification Code: _____ Signature: _____

Name on Card: _____

Mail, Email or Fax Registration Form/Payment to:

Senior Administration Officer
VFPMS
Royal Children's Hospital
PARKVILLE VIC 3052

Fax: (03) 9345 4105

Email: aisling.gilhooly@rch.org.au