



## CORE WORKSHOP REGISTRATION FORM

### PROFESSIONAL DETAILS

Title (please circle):                      Mr      Ms      Miss      Mrs      Dr      Professor

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Preferred Name on Certificate: \_\_\_\_\_

Company Name: \_\_\_\_\_

Position: \_\_\_\_\_

### CONTACT DETAILS

Street Address: \_\_\_\_\_

Suburb/City/Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip/Postcode: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

### WORKSHOP COURSE DETAILS (please tick course selection)

#### **Basic Course in Laparoscopic Adjustable Gastric Banding (\$1,650 inc GST)**

30<sup>th</sup> - 31<sup>st</sup> May 2008                      (*Registrations close 16<sup>th</sup> May 2008*)

#### **Advanced Course in Laparoscopic Adjustable Gastric Banding (\$1,100 inc GST)**

18<sup>th</sup> - 19<sup>th</sup> July 2008                      (*Registrations close 4<sup>th</sup> July 2008*)

Please advise of any dietary requirements (vegan, vegetarian, lactose intolerant etc)

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### **CANCELLATION POLICY**

A full refund will be given to cancellations made at least one month prior to the workshop. No refund will be given after this time.

### **PAYMENT**

#### ***Option 1 - complete and return credit card details below***

(please tick)     Visa             Bankcard             Mastercard             AMEX

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

CCV Number (located on the back of the card on the signature panel – last 3 digits for Visa, BC, MC, and last 4 digits on AMEX): \_\_\_\_\_

Amount Payable: AUD \$ \_\_\_\_\_

Signature: \_\_\_\_\_

OR

#### ***Option 2 - send a cheque made payable to Monash University***

### **PLEASE RETURN FORM & PAYMENT TO:**

Jo-Ann Giovannoni  
Office Manager  
Centre for Obesity Research and Education  
Monash Medical School  
Level 3  
The Alfred Hospital  
Commercial Road  
Prahran VIC 3181

Telephone: +61 3 9903 0721

Fax: +61 3 9903 0717