



GPTT 2011



Registration Form Advanced Life Support Course

**** must be completed and signed before registration will be accepted**

COURSE DETAILS

Date: October 22 – 23, 2011 (Saturday & Sunday)
Time: 08:00 – 18:00 Day 1 & 2
Location: Menzies Research Centre
cnr Liverpool & Campbell Sts, Hobart

REGISTRATION TYPE

- Full Registration \$1,500 incl. GST
 GPTT Registrar No charge
 GP Supervisor (RACGP / ACRRM accredited) No charge

CONTACT DETAILS **Please print clearly**

Mr / Ms / Dr / Prof: _____

First Name: _____

Surname: _____

Address: _____

Postcode: _____

Email: _____

Telephone 1: _____

Telephone 2: _____

Nurse HMO Paramedic GP GP Registrar

Current Hospital / Practice: _____

Current Department: _____

Signature: _____

METHOD OF PAYMENT

Enclosed is a cheque for \$_____ made payable in Australian Dollars to **General Practice Training Tasmania**

Or

Please debit my: Visa Master Card

For the amount of \$_____ (Incl. GST)

Card No: _____

Expiry Date: ____ / ____

Cardholder Name: _____

Signature: _____

DIETARY REQUIREMENTS

Please indicate if you have any special dietary requirements that our caterers need to be aware of:

LODGING YOUR REGISTRATION

Complete the registration form and return to General Practice Training Tasmania as soon as possible.

Fax to: +61 (3) 6228 7452

Mail to:

ALS Course Co-ordinator
General Practice Training Tasmania
206 New Town Rd
NEW TOWN TAS 7008

Enquiries:

Phone: +61 (3) 6278 1551

Email: tim.grimsey@gptt.com.au