Registration Form

Preparing for Health Sciences workshop

Tuesday 16th – Friday 19th February 2010

To enrol in the workshop, please complete this form and:

Pay the fee in person at **Campus Central Office, Level 3, Playford Building, City East Campus**

or fax the form with credit details to 08 8302 2389 (international: **+** 61 8 8302 2389)

or mail the form with a money order, cheque or credit details to: **Campus Central City East, Level 3 Playford Building, University of SA, GPO Box 2471, Adelaide SA 5001.**

Surname: _____ First name: _____

Date of Birth: _____

Address: _____ Postcode: _____

Phone (home): _____ (work): _____

Mobile: _____ Email: _____

I am enrolled in (**please circle one**):

Physiotherapy; Occupational Therapy; Podiatry; Nursing 1st year;

Nursing 2nd year; Pharmacy; Medical Radiation; Midwifery; Human Movement;

Laboratory Medicine; Medical Sciences; Health Sciences, Nutrition & Food Sciences

and Pharmceutical Sciences

Fee Paid: $355 cash, cheque, EFTPOS or credit card (paid into PLU82461**)**

(Cheque payable to "University of South Australia")

Final date to register: Friday 5th February 2010

Method of Payment:

☐ Cash ☐ Money Order ☐ Cheque

☐ Credit Card ☐ Master Card ☐ Bankcard ☐ Visa

Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Name on card: _____

Expiry: _____/_____

Signature: _____