THE UNIVERSITY OF SYDNEY

AUSTRALIAN POSTGRADUATE NEUROPATHOLOGY COURSE THE UNIVERSITY OF SYDNEY

ABN 15 211 513 464

Thursday July 12th – Saturday 14th, 2012

Registration Form

Name:.....

Position:.....

Organisation:.....

Postal Address (For postage of receipt):.....

.....

Phone:..... Fax:..... Email:.....

Special Dietary Requirements: .....

Registration fee:.....$ 990.00* (GST Inclusive)

Dinner, Friday night, $44.00 per person, number of tickets $.....

Total $.....

* Please make cheques payable to: ***Pathology, USyd. – CO248***.
Mail registration form and payment to:

Ms Sarah West
Discipline of Pathology D06
The University of Sydney, N.S.W. 2006.

Please note, ***registration forms without payment will not be accepted*** and we do not have the facilities to accept payments made by credit card.

Registration will be limited to the first 30 applicants.

THIS DOCUMENT IS A TAX INVOICE FOR GST WHEN PAYMENT IS MADE

For further enquires contact:

Professor Jillian Kril or Ms Sarah West
ph (02) 9356 7118 (02) 9351 2410
Fax (02) 9351 3429
Email: neuropath.pgcourse@sydney.edu.au