



TAX INVOICE REGISTRATION FORM

Course name: 5 Day Comprehensive Diabetes Program
Date: Monday, 27 October to Friday, 31 October 2008 (5 days)
Time: 9am – 5pm
Venue: Baker IDI Heart and Diabetes Institute
 250 Kooyong Road, Caulfield, Victoria, 3162
Cost: \$680 (includes GST) full fee
or \$650 (includes GST) if paid by Friday, 26 September 2008

Name: _____ **Position:** _____

Organisation: _____

Address: (w / h) _____

_____ **Postcode:** _____

Tel: (BH) _____ **(AH):** _____ **Mobile:** _____

Fax: _____ **Email:** _____

Please find enclosed payment of \$ _____ **ABN:** 60 234 497 945

Cheque (payable to Baker IDI Heart and Diabetes Institute) **or** **credit card details** (tick box)

Bankcard **Mastercard** **Visa**

Card no. _____ / _____ / _____ / _____ **Expiry date:** ____ / ____

Card holder's name: _____ **Signature:** _____

Please complete all details and forward registration and payment to: Training Program Coordinator,
 Baker IDI Heart and Diabetes Institute, 250 Kooyong Road, Caulfield, Victoria, 3162.
Tel: (03) 9258 5053 **Fax:** (03) 9258 5090 **Email:** christine.mcgregor@bakeridi.edu.au **Website:** www.bakeridi.edu.au



This workshop has been endorsed by Royal College of Nursing, Australia (RCNA) according to approved criteria. Attendance at this program will attract Continuing Nursing Education (CNE) points as part of the RCNA Life Long Learning Program (3LP).

Terms and conditions: 1. Early Bird Registration Special: To take advantage of the early bird special rate, registration and full payment must be received by the closing date. 2. Baker IDI reserves the right to cancel, postpone or reschedule courses where registrations are insufficient or due to unforeseen circumstances. Should this occur a full refund will be provided. 3. Participant cancellations occurring less than 7 days prior to the program will incur a 20% administration charge. Cancellations less than 48 hours prior to the program will forfeit the full payment. For full terms and conditions, refer to our website (www.bakeridi.edu.au).

Office use only: _____ **Cost centre:** 261 **Contract number:** 10312 **Updated on:** 11 July 2008

Date received: _____ **Payment received:** Y / N (F / E / R / L)