

Registration Form

*O.H.N.N.G. Nurses Education Evening
Wednesday, 15th October, 2014*

Cost: Members \$40 Non-members \$55

NUMBERS LIMITED

Name: _____

Address: _____

_____ *Postcode*

Tel: _____ *Fax:* _____

Email: _____

Name for Badge: _____

Place of employment: _____

OHNNG Member: YES NO

Special dietary needs: NO YES

Please tick this box if you DO NOT wish to be on the mailing list.

Make payment to:

Newcastle Permanent Building Society

Bank Details: **BSB:** 650-300 **ACCOUNT NO:** 506577018

All Receipts will be issued on the day.

NO REFUNDS

(Money must be transferred by the 6th October

Please put your name as the reference)

Please return completed registration form to:

OHNNG

C/O Gai Shylan, Internal mailbox 12

Calvary Mater Newcastle

Locked Mail Bag 7

Hunter Regional Mail Centre

NSW 2310

OR FAX TO: 40144747



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**OTORHINOLARYNGOLOGY HEAD & NECK
NURSES GROUP**

Nurses Education Evening

'Let's FACE it together'

Wednesday, 15th October, 2014

Crown Plaza,

Cnr Merewether St & Wharf Rd,

Newcastle

RSVP by Monday, 6th October 2014