



Palliative Care New South Wales Education Day/Gala Dinner 2010

Registration Form

Name
Title First name(s) Last name

Address

Telephone (work)(home) Facsimile

Email address

Membership No. (Please note membership means fully paid up individual membership)

To join Palliative Care New South Wales please complete a membership application form by going to our website – www.palliativecarenewsw.org.au. Membership is \$66 per year. Members joining from March 2010 must pay for a full year to be eligible for the discounted dinner tickets and free access to the Education Day.

Professional Education Day Registration - Friday 28 May 2010, 9.00am - 3.30pm

Yes I would like to attend the Professional Education Day to be held at RPA Hospital

Member Non-Member (For non-members of Palliative Care NSW, a donation of \$20 is requested)

Please note that places for Education Day are very limited.

Gala Dinner Tickets - Friday 28 May 2010, 6pm for pre-dinner drinks & canapes

\$75.00 for members, \$95 for non-members @ \$75 each or @ \$95 each

Special Dietary Needs Vegetarian Other, please specify

Tables of 10 can be booked (registrations must be received together). Individual seating will be unallocated.

Total Amount of Payment \$.....

Method of payment

Direct Deposit - Bank Account Details: **Palliative Care Association of NSW Inc.**
BSB Number: **633 000** Account Number: **123 501 496**

Please Reference **NPCW10** and **YOUR SURNAME** when making a payment and post or fax form to:
PO Box M48 Missenden Road NSW 2050 Fax 02 9206 2094

Cheque or money order made out to **Palliative Care NSW** and post with form to:
PO Box M48 Missenden Road NSW 2050

Credit card payment, post or fax form to: PO Box M48 Missenden Road NSW 2050
Fax 02 9206 2094

AMOUNT \$..... Please charge my (tick one) Mastercard Visa

Credit Card No.

CCU (last 3 digits on back of card):

Name on card

Expiry Date / Signature

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