FAXBACK
REGISTRATION FORM

The following person wishes to attend the

_____

to be held on ……/……/2003

Please tick the boxes that apply to your registration and **fax back** to GPDV on **(03) 9348 1375**
Please note: Only one person per registration form.
Please photocopy this form if you need to register more than one person

Participant Details

Name: _____

Position: _____

Division/s: _____

Email:_____

Direct Telephone: _____

☐ **GP** ☐ **CEO** ☐ **Program Staff** ☐ **Not Staff**

Does the participant have any special dietary requirements?

☐ **Yes** ☐ **No**

If yes, please describe diet details: _____

Please fax us a complete agenda for this event when it becomes available:

☐ **Yes** ☐ **No**

Our fax number is: _____

Please note that all GPDV Workshops have registration closure dates.
Please ensure you register your intention to attend the above workshop in good time.