

Curing Hepatitis C in General Practice | 28 March 2018 | ALBURY
RACGP NSW&ACT

Please print letters clearly.
Use black or blue pen.
Place in all applicable boxes.

Section A: Registrant information

Title First name Surname

Profession RACGP no. (if applicable)

Address Postcode

Contact telephone Fax Email

Special requirements (i.e. dietary, physical etc.)

Section B: Membership type

RACGP member **\$0.00**

Non-member **\$0.00**

Section C: Declaration

By signing and returning this registration form to the RACGP, I the delegate make the following declarations:

I have read, understood and accept the RACGP Delegate Conditions and Cancellation Policy which can be found at www.racgp.org.au/usage/delegate-conditions (or provided on request).

I have read, understood and accept the RACGP Privacy Statement which can be found at www.racgp.org.au/usage/delegate-conditions (or provided on request) and consent to my personal information being dealt with to administer this event.


Signature of delegate

Date

How to lodge your application

Please complete and return this form

 Email nswact.events@racgp.org.au or ela.duraj@racgp.org.au

 Fax 02 9886 4790

 Post RACGP NSW&ACT, PO Box 534, North Sydney NSW 2060

For more information or queries please call **Ela Duraj** on **9886 4703** or email ela.duraj@racgp.org.au

You must contact the RACGP NSW&ACT office if you have not received your confirmation email within 5 working days of submitting your registration. The RACGP accepts no responsibility for assumed registrations that have not been confirmed in writing by the RACGP NSW&ACT office.