

CRISIS AND OPPORTUNITY

THE CHANGING FACE OF ENVIRONMENTAL HEALTH

19-21 OCTOBER 2011

Registration

One registration form must be completed for each delegate.

Section A - Personal Details

Title: Mr, Mrs, Ms, Miss, Dr, A/Prof, Prof.

First Name: _____

Family Name: _____

Organisation: _____

Position: _____

Address: _____

Suburb/City/Town: _____

State: _____ Postcode: _____

Phone: _____ Fax: _____

Mobile: _____

Email: _____

Special dietary requirements: _____

Section B - Registration Details

Full Registration

- EHA Member Full Registration \$495
 Non Member Full Registration \$745

Full registration includes, tea breaks and lunch each day, the Welcome Function and Conference Dinner. Please indicate below if you will not attend the Welcome Function and/or the Conference Dinner.

- I will **not** be attending the Welcome Function on Wednesday evening
 I will **not** be attending the Conference Dinner on Thursday evening

Student Registration

- Student Registration (Employed, inc IBL) \$110

Day Registration

- EHA Member Day Registration \$295
 Non Member Day Registration \$395

Day registrants, please tick the day(s) attending: Thursday Friday

NB - Day and Student fees include tea breaks and lunch each day, however they exclude tickets to the Conference Dinner. Tickets to this event can be purchased separately.

Section C - Waste Water Day

Please indicate if you are registering for the Wastewater Day.

- EHA Member \$150
 Non Member \$200

Section D - Additional Options

Please indicate if you require additional Dinner Tickets or Delegate Packs.

- Additional Symposium Dinner Ticket \$110
 Additional Delegate Pack \$55

Section E - Payment

Fees must accompany all registration forms unless arrangements have been made with EHA (Vic) Inc Executive Officer. Payment can be made by cheque payable to Environmental Health Australia or by Credit Card.

Section B \$ _____

Section C \$ _____

Section D \$ _____

TOTAL \$ _____

Type of card Visa Mastercard

Name on card _____

Card number _____

Last 3 digits on back of card _____ Expiry Date ____/____

Total for credit card payment \$ _____

Signature _____

Cancellation Policy

By completing and sending this form it is understood that you have read and agreed to the cancellation policy outlined in the program brochure.

Section F - Workshop and Tour Selection

Please indicate your workshop or tour preference. Choose one only from each category.

Workshop A - Thursday 20 October - 10.45-11.15am

- A1 A2 A3

Workshop B - Thursday 20 October - 11.15-11.45am

- B1 B2 B3

Workshop C - Thursday 20 October - 11.45-12.15pm

- C1 C2 C3

Workshop D - Friday 20 October - 10.45-11.15am

- D1 D2 D3

Technical Tours - Thursday 20 October - 3.00-4.30pm

- Tour 1 Tour 2

Contact

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