

Registration Form

Head & Neck Nurses Education Evening

Wednesday 29th February 2012

Cost: Members \$15 Non-members \$40

NUMBERS LIMITED

Name: _____

Address: _____

_____ *Postcode*

Tel: _____ *Fax:* _____

Email: _____

Name for Badge: _____

Place of employment: _____

OHNNG Member: YES NO _____

Please specify if you have special dietary needs: _____

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

Method of Payment: **DIRECT DEBIT ONLY**

National Australia Bank: North Adelaide

Bank Details: **BSB:** 085-005 **ACCOUNT:** 82-087-6622

All Receipts will be issued on the day.

(Money must be transferred by the 16th December 2011

Please put your name & NSW Education 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**

Presents

***Head & Neck Nurses
Education Evening***

29th February 2012

Paymaster's Café

18 Bond St, Newcastle

RSVP by 16th December, 2011