



Transition Care Forum

**Resilience and Managing Clinical Risk
Ballarat Golf Club
Thursday 18th April 2013**



REGISTRATION FORM & TAX INVOICE Resilience & Managing Clinical Risk

Title:.....First Name:..... Surname:.....

Organisation:..... Postal Address:.....

Phone: Email:

Workplace/s: Acute Sub-Acute Aged Care Community Other

Role: GP Div 1 Div 2 PCA Allied Health Other
Case Manager Care Coordinator

Special Requirements (dietary or medical):

Registrations close Monday 9th April 2013

Cost: \$190 per person (includes GST)

Early Bird Registration (before 1st March 2013) - \$170

This document becomes a Tax Invoice when payment is made. Please keep a copy for your records.
On payment, a receipt will be issued to confirm your registration.

ABN 390 895 843 91

To register please complete and forward this registration form with payment to:

Katrina Dockerill, Community Programs, PO Box 199, BALLARAT VIC 3353 or email katrinad@bhs.org.au

PAYMENT: Chq Money Order Payable to Ballarat Health Services
Cash Credit Card Name on Card: Exp:/.....
VISA Mastercard Credit Card No: _____

