

**National Centre for Immunisation Research and Surveillance of  
Vaccine Preventable Diseases**

**Vaccines in Public Health Workshop  
Registration form - 1 & 2 September 2010**

**Venue: Kids Research Institute (Research Building), The Children's Hospital at Westmead  
Cnr Hawkesbury Road & Hainsworth Street, Westmead**

**Personal details: ( All details MUST be completed)**

Title Dr  Mr  Mrs  Ms  Other

First name \_\_\_\_\_ Surname \_\_\_\_\_

Position \_\_\_\_\_

Department \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

Bus ph: \_\_\_\_\_ Mobile ph: \_\_\_\_\_

Email: \_\_\_\_\_

**Registration fee: One day \$150 (incl. GST). Both days \$300 (incl. GST). Receipts will be issued.**

I would like to register for the Vaccines in Public Health Workshop

Wednesday, 1 September 2010  Thursday, 2 September 2010

Both days

I enclose a cheque for \$.....

*(Please make cheque payable to the National Centre for Immunisation Research and Surveillance)*

**OR**

Debit my credit card for \$.....

Credit card type Visa  Mastercard

Credit card name \_\_\_\_\_

Credit card number \_\_\_\_\_

Expiry date \_\_\_\_\_ Signature \_\_\_\_\_

*Return to Nicole Jacobs at NCIRS, Locked Bag 4001, Westmead NSW 2145.*

**Phone no:** (02) 9845 1401 **Fax no:** (02) 9845 1418 **Email:** NicoleJ@chw.edu.au