**RCPAQAP / AIMS MALARIA & MORPHOLOGY WORKSHOP**

#### Registration and Payment Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | | |
| **Position** |  | | |
| **Institution** |  | | |
| **Phone No** |  | **Mobile** |  |
| **Invoice Address** |  | | |
| **Program Info Address** |  | | |
| **Email:** |  | | |

#### Please Circle

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Workshop Date** | **APRIL (27th – 29th)** | **JULY (27th – 29th)** | | **EITHER** | |
| **Workshop Registration** | **Bringing Own Microscope** $750.00 | **YES** | **Microscope Provided** $850.00 | | **YES** |
| **Dietary Requirements** | **Non-Vegetarian** | | **Vegetarian** | |

#### Method of Payment

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Cheque /Direct Deposit:** |  | **Credit Card:** |  | | **Visa:** |  | **MasterCard:** |  |
| **Amount paid (in AUD):** | **$AUD** | | | | | | | |
| **Credit Card Number:** |  | | | | | | | |
| **Expiry Date:** |  | | | | | | | |
| **Card Holder:** |  | | | | | | | |
| **Name:** |  | | | **Card Holders Ph Number** | | |  | |
| **Signature:** |  | | | **Date** | | |  | |

**Direct Deposit & Cheque payments are accepted; however, to secure your place, we require a completed application form. You will then be issued an invoice. Please ensure that payments are made separate to any enrolment invoice. Please quote the invoice number and send remittance advice to the below address.**

**For further information, please contact us on: Ph: (+612) 9045 6040**

**Make cheques payable in Australian dollars to RCPA Quality Assurance Programs Pty Ltd**

**Fax to: (+612) 9438 5378**

###### A I M S

**Email to:** [**haematology@rcpaqap.com.au**](mailto:haematology@rcpaqap.com.au)

**Post to: RCPAQAP Haematology, Suite 201, Level 2, 8 Herbert Street, St Leonards NSW 2065, Australia**