



Melbourne Fetal Cardiac Symposium

NON-ASUM MEMBER REGISTRATION FORM

Please attach the form and e-mail it back to events@asum.com.au
or you may wish to fax it back to: (+612) 9438 3686

Title:	Given Name:	Family Name:
Company/Organisation:		
Position:		
Mailing Address:		Town/Suburb:
State:	Post Code:	Country:
Email:	Telephone: ()	
Facsimile: ()	Other Contact Number:	
Dietary requirements/or special needs:		

ATTENDANCE

Date: Saturday 12th November & Sunday 13th November 2016

Venue: Michael Chamberlin Lecture Theatre, St Vincent's Hospital in Melbourne

- Both days (Sat & Sun) A\$850.00 One day only - _____ A\$450.00
(specify SAT/SUN)

PAYMENT

- Cheque** (make cheque payable to "ASUM" or "Australasian Society for Ultrasound in Medicine"
please forward cheques to ASUM, PO Box 943, Crows Nest, NSW, 1585)
- Visa** **MasterCard** (Credit Card transactions will incur a 1.5% surcharge fee)

Name of Cardholder: _____

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Privacy Policy

In registering for this workshop your details will be made available to parties directly related to this conference and may be used to send you relevant information.