

REGISTRATION FORM

Thank you for your interest in our workshop.

We also have a quicker, convenient **online registration** system that allows you to take part in our expanding networking opportunities.

We encourage all participants to register via this service.

You can search for the best workshop for you and register under 'Workshops' at www.mhpn.org.au



“ WORKING TOGETHER WORKING BETTER”

Workshop code: VIC5147

Name: _____ ***Required**

Profession:

- GP
 - Paediatrician
 - Mental Health Nurse
 - Occupational Therapist
 - Other *please describe:* _____
 - Psychiatrist
 - Psychologist
 - Social Worker
- *Required**

Which sector do you work in: (please circle)

Public Private Both ***Required**

Email Address: _____ ***Required**

(Required for remuneration purposes & attendance certificates)

Practice address: _____

State: _____ **Postcode:** _____ ***Required**

Business phone: _____ ***Required**

Fax: _____

Mobile: _____

Special dietary requirements?

FAX NUMBERS

For workshops in:
VIC & TAS 03 9642 5652
ACT & NSW 02 6285 2166
QLD & NT 03 8699 0581
SA & WA 03 9639 8936

FREECALL 1800 209 031
www.mhpn.org.au