

REGISTRATION FORM and TAX INVOICE

(PLEASE RETURN THIS FORM to the following address)

Wide Bay Public Health Unit,
PO Box 724, Hervey Bay Q 4655

Email: BSWBPHU@health.qld.gov.au

Fax: 4184 1809



PAYMENT DETAILS FOR NON-QH PARTICIPANTS [no charge for QH staff]

ABN: 66 3291 69412

Payment details : \$50 (Inc GST)

Payment Type: Cheque or valid Debit/Credit Card

- Please make Cheque payable to Queensland Health
- Debit/Credit Card – please complete details below
FYI - Your card details will be destroyed one month after the session has been held.

Debit/Credit Card Details:

Name on Card: _____ Exp Date: _____

Card No: _____

CCV No: _____ [PLEASE PRINT CLEARLY]

Signature of Card Holder: _____

All monies are to be paid prior to the workshop

REGISTER NOW

Closing Date is COB 31st January 2023

By Fax:
07 41841809

By Post:
Wide Bay Public Health Unit, PO Box 724 Hervey Bay

By Email: BSWBPHU@health.qld.gov.au

Course Coordinator:
Gail Aylmer – Ph 4184 1816

**If you have any special other needs, please contact the
Course Co-ordinator prior to 12MD 31st January 2023**

CANCELLATION POLICY

Registrants are required to give a minimum of 5 working days notice to be eligible for a refund. Cancellations received after this period will attract a 25% cancellation fee. Non-attendance without notice of cancellation will attract a full registration fee. All requests for refund must be submitted in writing to the Immunisation Nurse of WBPHU Unit.

The WBPHU reserves the right to cancel/postpone training. In the event of cancellation, registrants are entitled to either a full refund or a credit toward the same training at a later date, or another training session of their choice.

COURSE DETAILS

Course: **Immunisation 4 hr Update**

HERVEY BAY Tuesday 7th February 2023

PARTICIPANT DETAILS (Please Print)

First Name: _____

Surname: _____

Position/Level: _____

Preferred Postal
Address: _____

Contact Phone No: _____

Workplace: _____

Workplace Address: _____

Workplace Phone No: _____

****Email:** _____

[PLEASE PRINT EMAIL CLEARLY]

Special Dietary
Requirements: _____

If course enrolments exceed participant number limits, a selection process will be implemented.

**Incomplete registrations cannot be
processed**

****Please note: you must provide an email address as all contact with applicants will be made via email.**

You will receive a confirmation email – IMPORTANT, please call 4184 1800 if an email is not received within one week of registering.