

# Registration form

## Contraception overview – suitable for GPs, DRANZCOG candidates and nurse practitioners

**Location:** Brisbane

**Date:**

Note: places are limited to 10 participants

First name:

Surname:

Mailing address:

Postcode:

Phone: (H)

(W)

(M)

Fax:

Email:

Medical/Nursing Registration No:

RACGP No:

ACCRM No:

Employer:

Employer's email:

Phone:

Position/occupation:

Address (if different from mailing address):

Paying by: Cheque (enclosed)  Purchase Order No: Bankcard/Visa/Mastercard (circle) \$425.00

Card number: \_\_\_\_\_ Expiry date: \_\_\_\_\_ 3 digit security no: \_\_\_\_\_

Cardholders name:

Signature:

### Please fax the completed form to 07 3250 0294

I have read the Family Planning Queensland privacy policy and RTO training handbook (please tick)

The privacy policy can be obtained at <http://www.fpq.com.au/pdf/privacypolicy.pdf>

The RTO Training Handbook can be obtained at <http://www.fpq.com.au/pdf/traininghandbook/pdf>

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