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ENROLMENT FORM

for the Introductory Seminar on Sexual Health

Yes, I will be attending the Seminar on the:

- 13th & 14th March 2008
- 29th & 30th May 2008
- 23rd & 24th October 2008

Name:

Position Title:

Organisation:

Address:

.....

Contact Phone No:

RC Code: RC Manager's Signature:

The cost of this seminar is **\$200.00** per person (including GST).

Please make cheques payable to: **AUCKLAND DISTRICT HEALTH BOARD.**

Staff from Auckland District Health Board do not require a cheque - please state your **RC Code** and we will do an internal journal billing.

In order to confirm and secure your place on the Seminar, please return this form with a **cheque** for **full** payment to:

Sook Ping Peploe
Auckland Sexual Health Service
Building 7, Level 3, Greenlane Clinical Centre
Private Bag 92024,
AUCKLAND

For those people who register/pay and who subsequently do not attend the Seminar, refunds will be at the discretion of the Seminar Facilitators. If insufficient numbers register for this Seminar, fees may either be held over to subsequent courses or refunded.

A Tax Invoice/Receipt will be issued after we have received your cheque. Thank you!