



Health Workforce  
Queensland

# Women's Health Workshop Saturday 29th—Sunday 30th May 2010 Novotel Hotel Brisbane

## Medical Education & Training Series 2010

### REGISTRATION DETAILS - Registration 8.30am, Saturday 29th May 2010

I am able to attend this workshop

I am now unable to attend this workshop (please indicate reason below):

Title: Last Name:

Given Names: Preferred Name on Badge:

Organisation:

Address: Business / Home (Please highlight )

Town: State: Postcode:

Phone: Fax: Mobile:

Email: Date of Birth:

RACGP #: ACRRM #: CNE #\*:

*\*This Activity has been endorsed by APEC number 050511120 as authorised by Royal College of Nursing, Australia according to approved Criteria.*

- |  |   |                                 |
|--|---|---------------------------------|
| <input type="checkbox"/> Private GP Solo | <input type="checkbox"/> Private GP Group | <input type="checkbox"/> MORPP  |
| <input type="checkbox"/> MSRPP           | <input type="checkbox"/> SMO              | <input type="checkbox"/> RMO    |
| <input type="checkbox"/> MS              | <input type="checkbox"/> RFDS             | <input type="checkbox"/> INTERN |
| <input type="checkbox"/> ACCHS           | <input type="checkbox"/> Nurse            | <input type="checkbox"/> OTHER  |

Practicing Proceduralist:  Yes  No

If Yes, please indicate in which area? .....

Are you claiming the Procedural Training Grant?  Yes  No

Are you planning to bring your family with you?  Yes  No

#### REGISTRATION FEES ( includes Delegate's Morning Tea - Lunch - Afternoon Tea + Workshop Drinks)

- |   |  |
|---|--|
| <input type="checkbox"/> Full Registration - Doctors - \$990.00 (GST inclusive)         | <input type="checkbox"/> Nurse Registration - \$495.00 |
| <input type="checkbox"/> GP Registrar - (10% Discount) - \$900.00 (GST inclusive)       |  |
| <input type="checkbox"/> Scholarship Holder - (10% Discount) - \$900.00 (GST inclusive) | Payment Total \$ .....                                 |

To avoid disappointment please register early as there is a maximum of 20 Doctors & 5 Nurses for this Workshop.

Please do not presume you are registered for this workshop until you have received a confirmed notification from the MET Team.

**Full payment must accompany your Registration Form. No payment will be accepted at the workshop.**

**Please Fax Completed Forms to (07) 3105 7801**  
or post to - Health Workforce Queensland GPO Box 2523 Brisbane, QLD 4001

## TRAVEL & ACCOMMODATION

Delegates are required to organise and pay for their own accommodation and travel arrangements. Accommodation rates at the **Novotel Brisbane, 200 Creek Street, Brisbane QLD 4000. Ph: 07 3309 3309 Fax: 07 3309 3308**

**Resort Room \$ 221 per room per night (includes breakfast)**

Health Workforce Queensland will provide some travel & accommodation assistance for Private, Non-Proceduralist Rural GP's in accordance with the Health Workforce Queensland's Travel & Accommodation Policy. For full details please refer to the Travel & Accommodation Policy at: [www.healthworkforce.com.au](http://www.healthworkforce.com.au)

Health Workforce Queensland recommend you obtain travel insurance for this workshop.

## LOCUM REQUEST

Health Workforce Queensland provides a bona fide Locum Service for RRMA 4-7 GPs who want (or need) to take leave. Our Locum Coordinator, Hayley Rees, can assist you with finding a Locum, making arrangements for them to commence work, and providing a Locum Subsidy to offset the costs involved\*. [Submit your request for Locum coverage by completing the form on our website.](#) \*Contact Hayley on [recruitment@healthworkforce.com.au](mailto:recruitment@healthworkforce.com.au) or 3105-7800 for more information, including eligibility criteria.

## CATERING

Delegates Registration Fee includes: **Morning Tea - Lunch - Afternoon Tea + Workshop Drinks**

**To avoid disappointment please provide details of your Dietary requirements:**

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## PAYMENT METHOD - Full payment MUST accompany your Registration Form

**Credit Card - please note we do not accept AMEX or Diners Card)**

Bankcard  Visa  MasterCard

Total amount to Deduct: \$ .....

Credit Card No.: ..... Expiry Date:...../.....

Authorisation / Verification #: .....

Print Name: ..... Signature: .....

**Cheque**

Please make your cheque payable to: **"Health Workforce Queensland - MW098"**

**Direct Money Transfer**

Name of Account: **Health Workforce Queensland Limited**  
Institution: **National Australia Bank**  
Account No: **4588 25098** BSB: **084 123**  
Reference Details: **Your Initial/Surname/Account Code—(e.g. FJones/MW098)**

## CANCELLATION POLICY

**If a delegate has registered for a Workshop and cannot attend, the delegate can request a refund under the following conditions:**

- a. All monies (100%) paid by the delegate will be refunded if:
  - ~ Health Workforce Queensland receives notification in writing, up to fourteen (14) days prior to the start of the workshop; and/or
  - ~ In the event of the workshop being cancelled.
- b. A delegate requesting cancellation in writing within the fourteen (14) to seven (7) day period before the scheduled starting date, shall receive half (50%) refund of the registration fee.
- c. The right to refund is forfeited if requested less than seven (7) days prior to the start of the workshop; or if a delegate fails to attend a workshop and gives no notice.
- d. Registration fees will not be refunded, should a delegate have to withdraw from a workshop, once the workshop has commenced.

### Health Workforce Queensland

Phone: 07 3105 7800 | Fax: 07 3105 7801 | Email: [met@healthworkforce.com.au](mailto:met@healthworkforce.com.au) | Web: [www.healthworkforce.com.au](http://www.healthworkforce.com.au)  
Postal Address: GPO Box 2523 Brisbane Qld 4001 | Office Address: Level 1, 410 Queen St Brisbane Qld 4001