



ENVIRONMENTAL
HEALTH
AUSTRALIA

Registration Form
Allergens and Anaphylaxis Awareness Seminar

EHA

ABN: 24 683 873 370

PO Box 239 TUART HILL WA 6939

Email: wa@eh.org.au

Phone: (08) 9440 6288

Fax: (08) 9440 6299

Date: Thursday 29 July 2010
Time: 9:30am
Venue: Mt Claremont Community Cntr - 107 Montgomery Ave Mt Claremont
Cost: \$110 Members - \$200 Non Members - Free for Student Members

Arrival Tea and Coffee, Morning Tea and Light Refreshments will be provided

Purchase order No: _____

Name:

Invoice to:

Address:

City:

Postcode:

Telephone:

Email:

Payment Details:

- I have enclosed a cheque for \$_____ payable to "Environmental Health Australia (Western Australia) Incorporated"
- I will pay by credit card
 - Visa
 - Mastercard

Card Number: _____

Name on Card: _____

Expiry Date: _____

- I will direct debit to your account on _____ (date)

Account Name: Environmental Health Australia (Western Australia) Incorporated

Bank: Bendigo **Branch:** Noranda

BSB: 633-000 **Number:** 139406425

(Note: Please put your surname or company name as a reference)