



MINA VICTORIA ANF SIG WORKSHOP REGISTRATION FORM

Please email your completed registration form & payment to
Di.Allen@epworth.org.au or Deborah.Shears@i-med.com.au

Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Member Registration \$free

Non Member Registration \$30

Payment Options (please tick)

Direct Internet Banking Transfer

Credit Card

Cheque

1. Please make cheques payable to **Medical Imaging Nurses Association Victoria ANF SIG**.

Mail Address: Box 12600, A'Beckett Street PO, Melbourne, VIC 8006.

2. Credit Card Payments can be made by Bank Card, Visa or Master Card

3. Direct Internet Banking Transfer to National Australia Bank

BSB: 083 153

Acc: 048 559 452

Ensure that you identify who the payment is being made from during the transfer.

Please bring proof of payment on the day.

4. Tax receipts will be issued for all registrations received. All prices quoted are in Australian Dollars and are inclusive of GST.

Authority to charge credit card.

VISA

Master Card

Bank Card

Card Account Number ____ / ____ / ____ / ____

Card Holder's Name _____ Expiry Date __ / __

Card Holder's Signature _____

ALL WRITTEN CORRESPONDENCE

Mail:

Att: Treasurer

MINA VIC ANF SIG

Box 12600

A'Beckett Street PO

Melbourne, VIC 8006

Fax:

Att: Carole de Greenlaw,

MINA Vic ANF SIG

(03) 9275 9344

OFFICE USE ONLY

Date Registration Received	Date Payment Received	Date Receipt Sent