



THE UNIVERSITY OF
SYDNEY



THE UNIVERSITY OF QUEENSLAND

REGISTRATION FORM

Please provide your contact details below using CAPITAL letters

Title: Professor / Dr / Mr / Mrs / Ms / Miss _____

Surname: _____ First Name: _____

Discipline: _____

Organisation/Company: _____

Public Sector

Private Sector

Other (please specify) : _____

Postal Address: _____

Town/Suburb: _____ State: _____ Postcode: _____

Telephone: _____ Mobile: _____

Fax: _____ Email: _____

I wish to register for the following workshop(s):

Critical Appraisal of Randomised Controlled Trials (8:30 – 12:30 pm)

ORANGE, NSW (5th March 2010)

BRISBANE, QUEENSLAND (20th March 2010)

In person

Videoconference

Preferred site location: _____

Implementing Evidence into Practice (1:00 – 4:30 pm)

ORANGE, NSW (5th March 2010)

BRISBANE, QUEENSLAND (20th March 2010)

In person

Videoconference

Preferred site location: _____

Morning tea and afternoon tea will be provided

Lunch: Orange BYO lunch or

Brisbane TBA.

I will bring \$15

Brisbane Registrations

Elton del Cid (Project Coordinator) Ph (02) 9036 7347

By Email: elton.delcid@sydney.edu.au (Preferred)

By Fax: (02) 9351 9197

By Post: Faculty of Health Sciences, Building J, The University of Sydney, Cumberland Campus, PO Box 170, Lidcombe, NSW 1825

Orange Registrations please send all forms (Learning and Development Enrolment Form & This form) to:

Centre for Rural and Remote Education Ph (02) 6360 7960

By Email: pathlore@gwahs.health.nsw.gov.au (Preferred)

By Fax: (02) 6361 4126

By Post: Greater Western Area Health Service
Learning and Development
Parkview, Bloomfield Hospital
Forest Road ORANGE NSW 2800



MOTOR ACCIDENTS
AUTHORITY

A project supported by the Motor Accidents Authority of NSW