

REGISTRATION FORM

GST No. 68 645 476

(Registration fee includes GST)

Name: _____

Surgery: _____

Postal Address: _____

Postcode: _____

Work phone: _____ Fax: _____

Mobile phone: _____

E-mail Address: _____

Occupation: GP PN Other _____

Member RNZCGP (\$47 per session) Practice Nurse (\$37 per session)

GP Registrar Pre-Primex (\$42 per session) Public Health Nurse (\$37 per session)

GP Non Member RNZCGP (\$55 per session) Midwife (\$37 per session)

Medical Council Number _____ Practice Manager/Receptionist/Plunket

..... Nurse/Carer *(please indicate)* (\$37 per session)

- Anxiety disorders *Tues 20th Jul*.....
- "Help! My baby has reflux" *Thurs 22nd Jul*.....
- Sudden Unexpected Death in Infancy - "The Hidden Patient" *Tues 27th Jul*.....
- Paediatric ENT problems *Tues 3rd Aug*.....
- Women's health - chronic pelvic pain *Tues 10th Aug*.....
- State of the (he)art *Thurs 19th Aug*.....
- Living with osteoarthritis *Thurs 26th Aug*.....
- Epilepsy management in primary care *Tues 31st Aug*.....
- Managing the menopause - an update *Tues 7th Sept*.....
- Acute arthritis *Tues 14th Sept*.....
- Irritable Bowel Syndrome *Tues 21st Sept*.....
- Chronic pain *Tues 12th Oct*.....
- 4 year old child development and the B4 School Check *Thurs 21st Oct*.....
- External ear problems *Thurs 28th Oct*.....
- Skin cancer update *Thurs 4th Nov*.....
- Bladder dysfunction in adults *Tues 9th Nov*.....
- Assessment of acute abdominal pain *Tues 16th Nov*.....
- Childhood orthopaedic problems *Tues 23rd Nov*.....
- Bowel dysfunction in adults *Tues 30th Nov*.....

Registration Fee x _____ sessions = **TOTAL Payable: \$** _____

Please make cheques payable to: Chair of GP Trust

Please find cheque enclosed OR

charge my **VISA** **MASTERCARD**

Cardholders Name: _____ Card Expires: /

Card No:

Suggested topics for future seminars:

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Please Post to: The CEP Administrator, Department of Public Health & General Practice,
P O Box 4345, Christchurch 8140 OR Fax: 364 3637