



EDUCATION PROGRAMS 2009

Regulating the Private Health Insurance Industry

Registration form

DELEGATE DETAILS

Title Surname First Name

Organisation

Position

Postal Address

Suburb State..... Postcode

Telephone () ()

Email

PRIVACY NOTE

The *Privacy Act 2001* provides that before your name and organisation details can be published in the list of delegates for distribution to fellow delegates or any other party, you must give your consent.

If you do not wish to have your name and details included in the Delegates List please tick here

ATTENDANCE DETAILS

Please register me to attend the following session

- | | |
|---|---|
| <input type="checkbox"/> Perth 2 December 2009 - Cost \$500.00 | <input type="checkbox"/> Director |
| <input type="checkbox"/> Sydney 9 December 2009 - Cost \$500.00 | <input type="checkbox"/> Senior Manager |
| <input type="checkbox"/> Melbourne 10 December 2009 - Cost \$500.00 | |

Dietary requirements

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PAYMENT DETAILS

- Attached cheque for \$ - payable to the Private Health Insurance Administration Council
- Registration faxed through, cheque to follow
- Please forward a tax invoice for payment

**A Tax Invoice will be issued on receipt of the completed registration form.*

Return with payment as soon as possible to:

PHIAC Education Programs
PO Box 4549
Kingston ACT 2604

Fax: +61 2 6215 7977

FURTHER INFORMATION

Email: phiac@phiac.gov.au
Tel: +61 2 6215 7900

REGISTRATION CLOSES 21 NOVEMBER 2009
Refunds are not available, however transfers will be accepted