

HIMAA PDP CLAIM FORM

(Fax to 02 9887 5895 or mail to HIMAA, Locked Bag 2045, North Ryde NSW 1670)

To obtain your reimbursement attach substantiation of:

- **Your attendance at the approved course, and**
- **Payment arrangements to support your statement at “HIMAA reimbursement to be made payable to:”, below.**

Personal Details

Given Name:

Surname:

Contact Telephone:

Contact Fax:

Contact Email:

Contact Address:

HIMAA Membership Category: Full Member

Associate Member

HIMAA Membership Number:

Course Details

Course Provider:

Course Title:

Course Date/s:

Course Duration (days):

Course Location:

HIMAA reimbursement to be made payable to:

HIMAA National Office Use

Payment Approved/Payment Not Approved

Date:

Signature:

Comments: