



Health Information Management
Association of Australia Limited

ABN: 54 008 451 91

Professional Development Seminar - Victorian Branch

Registration Form

Friday 27 May 2011

Rendezvous Hotel

328 Flinders Street, Melbourne (opposite Flinders Street Station)

RSVP by Friday 13 May 2011 to: Rose Wong at HIMAA National Office,
Locked Bag 2045, North Ryde NSW 1670.

Email: himaa@himaa.org.au Phone: 02 9887 5001 Fax: 02 9887 5895

Accounts Email: accounts@himaa.org.au Phone: 02 9887 5003/9887 5007

Category	Price*	Please tick
Member	\$ 110	
Member referring Non-Member	\$ 90	
Non-Member	\$ 175	
Student	\$ 50	

* All prices are GST inclusive. Upon payment, this form becomes a Tax Invoice.

Name: _____ Organisation: _____

Referring Member (if applicable): _____

Postal address: _____

Phone: _____ Fax: _____

E-mail: _____

Dietary requirement: Vegetarian Gluten-free Kosher/Halal Other _____

Membership status:

Member HIM Student Organisation Member

Non-Member HIM Student non-member Affiliate Member

Payment Method:

Cheque/Money Order made payable to Health Information Management Association of Australia Ltd (Payment must be made together with this form)

EFTPOS to HIMAA Limited

BSB: 062 281 Account Number: 1013 5847 Bank: Commonwealth Bank

Lodgement reference: Quote delegate name/Invoice Number

Credit Card (2% surcharge)

VISA MASTERCARD AMEX

Card Number: ____/____/____/____ Expiry Date: __/ __

Card holder: _____ Signature: _____

Please send me a Tax Invoice/Receipt.

For information about the HIMAA Victorian Branch, visit: www.himaabranches.com/wp/
Become a member of HIMAA by visiting www.himaa.org.au/join.html or contact the HIMAA National Office.

All personal information provided is kept confidential and is used only for registration purposes.