

School of Public Health and Community Medicine

University of New South Wales

Summer School Short Courses

Registration Form (external participants only)

Complete the following application form if you wish to take part in the Summer School Short Courses. The 2010 course fee is A\$300 per day (including GST) except PHCM9783, which is a WHO subsidised course. Application forms must be emailed or faxed to Kenny Travouillon (k.travouillon@unsw.edu.au) fax (61 2 93136185).
 Application closing date: three weeks before start of course

| | | | |
|--|--|---------------|------------------------------------|
| Title | Family Name | | |
| First Name | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| Postal Address | | | |
| Tel: | Fax: | Email: | |
| Course undertaken: <input type="checkbox"/> The Global HIV Epidemic PHCM9622(A\$1200) (9 th to 12 th November 2010) <input type="checkbox"/> Reproductive, Maternal & Child Health PHCM9606 (A\$1200) (15 th to 18 th November 2010) <input type="checkbox"/> Health Aspects of Emergencies, Conflict and Disasters (Current Debates in International Health PHCM9662) (A\$1500) (22 nd to 26 th November 2010) <input type="checkbox"/> Communicable Disease Control in Humanitarian Emergencies and Disasters PHCM9783 (A\$800) (subsidised by WHO) (29 th November to 3 rd December 2010) <input type="checkbox"/> Community Development PHCM9010 (A\$900) (2 nd December to 6 th December) | | | |
| Payment Details: | | | |
| | | | Total Amount Paid: \$ _____ |
| <input type="checkbox"/> Cheque Made out to School of Public Health, University of New South Wales | | | |
| Credit card payments | | | |
| <input type="checkbox"/> Visa <input type="checkbox"/> Master card | | | |
| Card Number | | | |
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Expiry Date _____ | | | |
| Name on Card: _____ | | | |
| Cardholder's signature: _____ | | | |