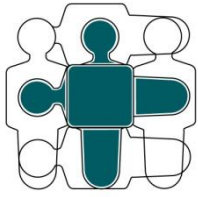


Registration Form



Organ Donation and Transplantation Education Day, Sunday 22 March 2020



Surname: _____ First name: _____

Address: _____

Phone Work: _____ Home/Mobile: _____

Email: _____

Speciality: _____ Position Held: _____

Tick where appropriate (all prices are in Australian dollars and include GST)

☐ TNA Member: \$85 ☐ ATCA Member: \$85 ☐ Non- Member: \$110

☐ I will attend the TSANZ ASM post the Education Day (Complimentary for TNA or ATCA Member)

☐ I will attend the TSANZ welcome Drinks on Sunday 22 March 2020: \$36

TOTAL(GST incl): \$ _____

Dietary requirement: _____

Signature: _____

*If you wish to attend further days of the TSANZ conference, please register on their website:
<https://www.tsanzsrs2020.com/registration/registration/>*

Pay by

ELECTRONIC FUNDS TRANSFER:

☐ Account Name: Transplant Nurses' Association
BSB: 633 000; Account Number: 154 693 683
You must include your name and code EDUCATION DAY 2020 as reference for processing payment

CREDIT CARD:

☐ Please charge my: Visa ☐ MasterCard ☐

Credit Card No: _____ / _____ / _____

Name on Credit Card: _____

CVV Number: _____ Card expiry: _____ / _____

Please return this form to

Treasurer TNA: treasurer@tna.asn.au

OFFICE USE ONLY

- ☐ Funds received _____ / _____ / _____
- ☐ Conference Database updated
- ☐ Email/ Receipt sent _____ / _____ / _____