

## Registration Form – Heart Failure and Co-Morbidities in the Elderly

Thursday 5<sup>th</sup> August, Intercontinental Hotel, Adelaide SA

Please complete this form and fax to **1800 022 730** or +61 3 9521 5857

Title:	Full Name:	
Hospital/Organisation:		
Postal Address:		
Suburb:	State:	Postcode:
Phone:	Mobile:	Fax:
Email Address:		

I wish to attend the dinner and presentation being held on Thursday 5<sup>th</sup> August at the Intercontinental Hotel, Adelaide.

Special Dietary Requirements:

Vegetarian       Other \_\_\_\_\_

Yes – I would like to be notified of upcoming Monash Centre of Cardiovascular Research and Education in Therapeutics Seminars.

**Return fax to 1800 022 730 or +61 3 9521 5857.**

You will receive an email confirming receipt of your registration within 48 hours of registering.

If you have any questions or special requirements, please email: [ccre.therapeutics@monash.edu](mailto:ccre.therapeutics@monash.edu)

**PRIVACY STATEMENT:**

If you return this invitation by letter, fax or e-mail, the details will be used to process this invitation. Monash University will not disclose to anyone other than contractors who provide services to us or unless compelled or permitted by law to do so. The Monash University Privacy Policy can be viewed at [www.privacy.monash.edu.au](http://www.privacy.monash.edu.au)