The Human Factors and Ergonomics Society of Australia

Emergency – Risky Business

Calvary Health Care Emergency Department
Haydn Drive, Bruce, ACT

REGISTRATION FORM

Name & Job Position: .....

Company: ..... **Company Paying** ..... ☐

Postal Address: .....

..... **Postcode:** .....

Email Address: .....

Work Telephone: (.....)..... ..... **Mobile No:** .....

How did you hear about the workshop? .....

NOTE: Please advise any special needs eg. wheelchair access, gluten-free diet: .....

Cost (incl GST): **HFESA members** Gold coin donation
Non-members **$22.00**
Cancellation fees apply if you are unable to attend at short notice

Credit Card Payments: Please charge... $22.00..... to my credit card

Visa ☐ MasterCard ☐ Amex ☐

Card No: ..... **Expiry Date:** .....

Name on Card: .....

Cardholder's Signature: .....

Please fax registration to: 02 9680 9027 *or, E-mail to:* secretariat@ergonomics.org.au *or*

Post registration form & cheque to: HFESA
PO Box 7848
BAULKHAM HILLS BC NSW 2153

Enquiries: ***HFESA Secretariat (02) 9680 9026***

Non members who wish to join the Society at time of registering will receive the discounted Member registration rate and the waiving of the $33.00 membership application fee. Please contact Pauline Pertel at the Secretariat (contact details below) for further information.

Note: *Conditions apply – if the application does not proceed, or is unsuccessful, the full Non-member registration rate will be payable.*