



**PAYMENT DETAILS:"DOING IT RIGHT AGAIN" Working together for better Aboriginal health and healing**

**TAX INVOICE AND REGISTRATION FORM**

**(This form is a valid Tax Invoice)**

Name.....

Organisation.....Position.....

Postal Address.....

Telephone.....Fax.....Email.....

Date of course: 24 July 2008

Are you of Aboriginal or Torres Strait Islander origin? Yes  No

Cost of Course: \$200/1 day  
**(All fees are GST Exempt)**

**I WISH TO PAY BY:**

1 **Cheque / Money Order**  Amount.....\$.....  
(Made payable to Menzies School of Health Research)

2 **Cash**  Amount.....\$.....  
(In person at Menzies School of Health Research)

3 **Purchase Order (PO)**  Amount.....\$.....  
(Raised through your organization; **Purchase Order number or Internal Requisition number must be provided**)

4 **Credit Card**  Amount.....\$.....  
(Mastercard, visa and bankcards accepted); **PLEASE WRITE DETAILS CLEARLY AND LEGIBLY**; payments will be processed on the first day of the course

Type of card..... Name on Card.....

Card Number..... Expiry Date...../..... Card Verification Number.....(3 digit code)

Signature..... Date...../...../.....

If you have any special needs please contact the Education Officer

**Please mail/fax this form to:**

Education Officer  
Mrs Belinda Hosking  
Menzies School of Health Research  
PO Box 41096 Casuarina NT 0811

**Code: E025**

Phone: 08 8922 8657 Fax: 08 8927 5187 Email: belinda.hosking@menzies.edu.au

*Any recovery costs for overdue/outstanding payments shall be the sole responsibility of the course/workshop participant  
It is inappropriate for children to attend these sessions under any circumstances*