



REGISTRATION FORM

Workshop and Annual General Meeting and Improving Perinatal Review Outcomes Via Education (IMPROVE) Program
 Provided by the Australian and New Zealand Stillbirth Alliance (www.stillbirthalliance.org.au)
 In collaboration with the
 Perinatal Society of Australia and New Zealand - Perinatal Mortality Group (www.psanzpnmsiq.org)

Day One:	Day Two:
PSANZ PMG & ANZSA Workshop and AGM	PSANZ PMG & ANZSA IMPROVE Program
When: Saturday 27 th March 2010 12:30 pm – 5:00 pm	When: Sunday 28 th March 2010 1:00 pm – 5:30 pm
Venue: Wellington Convention Centre	Venue: TBA
Cost: \$70	Cost: \$110
Name:	Phone:
Institution:	Fax:
Address:	Email:

Discipline:

Midwifery
 Neonatology
 Pathology
 Other
 Neonatal Nursing
 Obstetrics & Gynaecology
 Other Perinatal
 Please specify.....

Please tick the appropriate boxes:

I will be attending the PSANZ PMG & ANZSA Workshop and AGM on Saturday 27th March 2010 (\$70)
 I will be attending the IMPROVE program on Sunday 28th March 2010 (\$110)
 I will be attending the dinner following the PSANZ PMG & ANZSA Workshop
 I would like to be on the ANZSA mailing list
 I would like to be on the PSANZ PMG mailing list

Payment

Please forward your registration form and payment to:
 Attention: PSANZ PMG and ANZSA Annual Workshop and IMPROVE Registration
 c/- Madeleine Elder, ANZSA Secretariat, Mater Health Services, Quarters Building, Annerley Road, Woolloongabba, QLD,
 4102 Fax: (07) 3163 1588. Email: madeleine.elder@mater.org.au
 Payment can be made by cash, cheque (payable to PSANZ PMG – Mater Health Services. ABN: 83 096 708 922), EFT or credit card.

For EFT:

Account Name: Australian and New Zealand Stillbirth Alliance Ltd **Bank:** ANZ **BSB:** 014278 **Account Number:** 8356 12048 **Customer Reference:** Your full name

Paying by Credit Card:

Amount: _____

Name on Credit Card: _____

Card Number: _____

Expiry Date: _____

Today's Date: _____

Signature: _____