



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/anz)
 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 (\$70)
 I will be attending the IMPROVE program on Sunday 8th November 2009 (\$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:** 014878 **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: _____