

The Sunshine Coast Private Hospital
MENTAL HEALTH
CONFERENCE 2017

MENTAL HEALTH MAZE

Please fax your completed registration form to 5430 3375 or email to melinda.steyn@uhealth.com.au

Online registrations can be completed by visiting sunshinecoasthospital.com.au/gpeducation

Surname _____

Given Name _____

QI&CPD/ACCRM no. _____

Practice Name _____

Postal Address _____

City _____

Postcode _____

Telephone (w): _____

Facsimile _____

Mobile _____

Email _____

Special requirements (e.g. dietary) _____

REGISTRATION CLOSERS FRIDAY 10 MARCH 2017

Registration must be returned by this date to ensure that the pre-disposing activity component of the ALM can be forwarded to you. Please bring the pre-disposing activity with you on the day and hand in at registration.

40 Category 1 QI&CPD points applied for