



CHIARI MALFORMATION/ SYRINGOMYELIA/ EDS

PATIENT INFORMATION SEMINAR

Saturday 31 August 2019 9.00am to 1.00pm at Macquarie Graduate School of Management (MGSM)

Please submit to Kate Morkel (02 9812 3809) via kmorkel@mgneurosurgery.com by Friday 23 August 2019

REGISTRATION DETAILS *(Please complete one registration form per person)*

Title _____

First Name _____ Surname _____

Address _____

Suburb _____ State/Postcode _____

Home phone _____ Mobile phone _____

Email Address _____

Dietary requirements _____

Current Patient Parent/Carer Family Member Other

How did you hear about this event? _____

PAYMENT DETAILS *(\$100 (including GST) per person, includes morning tea and lunch)*

CHEQUE

VISA MASTERCARD

CARD NO

EXPIRY

NAME ON CARD

SIGNATURE

DIRECT DEPOSIT BANK: Macquarie Group Limited BSB: 182 222
ACCOUNT NAME: Macquarie Neurosurgery ACCOUNT NUMBER: 123 554 974
REFERENCE: Name and Conference detail

PAYMENT