



The Rural Clinical School
of Western Australia

FRAME / RCSWA MEDICAL COORDINATORS' MEETING
OPERATIONAL MANAGERS' MEETING

REGISTRATION FORM
GERALDTON, AUGUST 29 - 30, 2007

Name: _____ Partner' Name: (if applicable) _____

Organisation: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

VENUE

Conversations by Indigo
65 Bayly Street
Batavia Coast Marina
Geraldton WA 6530

Tel: +61 8 9965 0800
Fax: +61 8 9965 0811

www.conversationsbyindigo.com.au

I will be attending (Please tick the appropriate box)

- Operational Managers' Meeting
Wednesday 29 August, 2007
- FRAME meeting
Thursday 30 August, 2007
- RCSWA MC Meeting
Thursday 30 August, 2007
- Conference Dinner
Thursday 30 August, 2007
(incl. for RCSWA staff)
- _____ Number attending @ \$75ea
- TOTAL \$** _____

I will be attending as: (Please tick appropriate box)

- Operational Manager
- FRAME member
- RCSWA Staff member
- Other; (details) _____

Please return your completed registration form
together with payment to:

The Rural Clinical School of Western Australia
Head Office
PO Box 1654,
Kalgoorlie WA 6433

Tel: +61 8 9091 0660 Fax: +61 8 9021 4366

www.rcs.uwa.edu.au

Email enquiries: Janene.Varian@uwa.edu.au

- Payment enclosed Please invoice

Postal Address: _____

P/code: _____



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AUSTRALIA