## **Spirometry training program registration form**

	gister for the Queenslands , fax or post.	and H	lealth	Spir	omet	ry tra	ining	prog	ram,	comp	lete t	his fo	rm a	nd re	turn i	t by	
	Queensland Health o	r Mate	er He	alth (	emplo	oyee	(\$250	0.00)									
	Non Queensland Hea	alth en	nploy	/ee (S	\$495.	00 in	clusiv	e of 0	GST)								
Course name and location*																	
Course date*																	
Course fee*																	
Title (Dr, Mr, Mrs, Miss, Ms, Other)																	
Surname*																	
First names*																	
Job title																	
Department																	
Hospital/organisation*																	
Postal address*																	
Email address*																	
Preferred phone contact*																	
Dietary requirements																	
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Payment method																	
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Expir	ry date																
Signature												(not re	equired	l if subr	nitting (	electror	ically)
Cheq	lues																
	se make cheques paya o: Respiratory Investi							-		Rode	e Roa	ıd, Ch	nerms	side C	QLD 4	1032.	
For fu	urther enquiries																

QHSTP@health.qld.qov.au

Irene Schneider on 07 3139 4755

Email:

Phone:

