

Veterans' Health Symposium Reply Form

Name _____

Address _____

_____ Post Code _____

Telephone _____ Mobile _____

Email _____

Special dietary requirements (if any) _____

Are you a veteran? Yes No

In which conflict(s) did you serve? _____

Please indicate the session(s) of interest to you:

1 2 3 4 5

Are you willing to participate in group discussion?

Yes No

What health concerns do you have (if any) as a result of your service? _____

I would like to attend on 5 November and confirm my booking as follows:

Symposium Admission (please indicate number of attendees):

General \$75 Veterans and Pensioners \$30

Black Tie Dinner (please indicate number of attendees): \$110

Please find enclosed my payment: cheque money order credit card

Please make cheques/money orders payable to the

Sir Edward Dunlop Medical Research Foundation

Please debit my credit card with the amount of \$_____

visa mastercard bankcard

Credit Card number

Name on card: _____ Expiry Date: ____ / ____

Signature: _____

Please complete and forward this form to the:

Sir Edward Dunlop Medical Research Foundation
PO Box 141
Brunswick VIC 3056

For more information contact the Foundation on:

Tel: (03) 9381 2221 Fax: (03) 9387 2125 Email: eddunlop@vicnet.net.au