Cancer Preceptorship for General Practitioners 2018



Meet your local Cancer Care team

Registrations close Friday 13th July 2018

Saturday 21st July 2018

REGISTRATION FORM:

Name:			
Phone (work)	Home:	Email:	
Facility Name:		RACGP No:	
Postal Address:			
_			Postcode:
Preferred Name on	Badge:		
Dietary needs:	Vegetarian Glute	en Free Other (please specify	<i>'</i>)
RACGP Accredite	d:		
		QI&CPD Program 40 Category 1 points -	- Activities No 100529 2017-2019 Triennium
Building, Butterfield It may be necessa program, the spea	ust be received in writing to F I Street, Herston. Qld 4029 ry for reasons beyond the co	ontrol of Royal Brisbane and Women's . In the unlikely event of the program	, Cancer Care Services, Level 5, Joyce Tweddell Hospital to change the content and timing of the being cancelled we disclaim any further liability.
Please sign this for above.	orm to confirm your booking	g. By signing you agree to and accep	pt the booking terms and conditions as set out
Name (please print):		
Signature:	Signature:		Date:
delegates or any of tick the relevant bo	ther party, you must consent. x. This consent includes send	If you wish to have your name and con	

How to submit this form:

Royal Brisbane and Women's Hospital Cancer Care Services, Level 5, Joyce Tweddell Building, Butterfield Street, Herston. Qld. 4029 https://www.health.qld.gov.au/metronorth/events/cancer-preceptorship

For further information:

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