

Self-Funding Booking/Registration Form

ABN: 18 496 277 942

Complete, scan & email **signed** form to: MNHHS-Research-GCP@health.qld.gov.au

Step 1: Complete participant details			
Participant Name:		Stream (AO, HP, NO etc):	
Position Title:			
Department Name & Address:		Facility:	
		Work No:	
Email Address:		Mobile No:	
	<i>For last minute course changes</i>		

Step 2: Participant Signature			
I, the undersigned understand that refunds are not permitted. I confirm I will submit any required leave forms accordingly for my work unit.			
Participant Signature:		Date:	

Step 3: Line Manager Approval			
Name:		Phone:	
Email Address:			
Signature:		Date:	

Step 4: Invoicing Details (If an individual is funding, leave Organisation blank)			
Organisation:		ABN:	
Contact Name:			
Address (Home Address if an individual is paying):			
Email Address:		Phone Number:	

Step 5: Email completed form to be sent a Tax Invoice
<ul style="list-style-type: none"> • Complete and email this form to MNHHS-Research-GCP@health.qld.gov.au • A tax invoice will be forwarded to the participant email address listed on this form <p>Payment Options: Credit Card or Direct Bank Deposit (Please see invoice when received for details).</p>