

# TALKIN' TRADE

## REGISTRATION FORM ~ Register by 10/08/11

Complete registration information below and **FAX TO 02 6622 8693**

First Name  Last Name

Job title / Position

Work email address

Private email address

Mobile number

Member (tick box)  Non-member (tick box)

Name of HMMS

Address

Suburb / Town  Post Code

Billing details - if different from above:

Years worked in the HMMS Industry

Disability requirements - please advise of any specific disability requirements:

Dietary requirements - please advise:

**Fax completed form to 02 6622 8693**

