VACCINES IN PUBLIC HEALTH
WORKSHOP 2010

Two day workshop
September 1st & 2nd
at The Children’s Hospital at Westmead

The course is an elective within the Master of Public Health and Master of International Public Health programs at The University of Sydney. It is also available to any health professional interested in vaccines and public health.

It includes interactive lectures and small group case studies on epidemiology, program implementation, Indigenous health, adverse events and public controversies presented by some of Australia’s leading researchers in immunisation.

Registration applies for those not enrolled in a MPH program of $300.00 for both days, or $150.00 (inc GST) for one day.

If you would like further information on the content of the workshop please contact Dr Aditi Dey (aditid@chw.edu.au). For enquiries about the administrative arrangements, please contact Nicole Jacobs (nicolej@chw.edu.au) or phone 98451433.

www.ncirs.edu.au
National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases

Vaccines in Public Health Workshop
Registration form - 1 & 2 September 2010

Venue: Kids Research Institute (Research Building), The Children’s Hospital at Westmead
Cnr Hawkesbury Road & Hainsworth Street, Westmead

Personal details: (All details MUST be completed)

Title  Dr  Mr  Mrs  Ms  Other

First name  ___________________________  Surname  ___________________________

Position  ___________________________

Department  ___________________________

Company  ___________________________

Address  ___________________________

State  Postcode  ___________________________

Bus ph.  ___________________________  Mobile ph:  ___________________________

Email:  ___________________________

Registration fee: One day $150 (incl. GST). Both days $300 (incl. GST). Receipts will be issued.

☐  I would like to register for the Vaccines in Public Health Workshop

☐  Wednesday, 1 September 2010  ☐  Thursday, 2 September 2010
☐  Both days

I enclose a cheque for $………………
(Please make cheque payable to the National Centre for Immunisation Research and Surveillance)

OR

Debit my credit card for $………………

Credit card type  Visa  Mastercard

Credit card name  ___________________________

Credit card number  ___________________________

Expiry date  ___________________________  Signature  ___________________________

Return to Nicole Jacobs at NCIRS, Locked Bag 4001, Westmead NSW 2145.

Phone no: (02) 9845 1401  Fax no: (02) 9845 1418  Email: NicoleJ@chw.edu.au

ABN 53 188 579 090