

Queensland Urological Nurses Society Inc.

11th Nursing Day Application Form

ABN: 52402233471



For enquiries contact us at: qldurology@hotmail.com

QUNS Inc invites you to attend the 11th Nursing Day

0830 - 1600 Friday 4th September 2009 at

Auditorium, Broncos Leagues Club, Fulcher Road, Red Hill

Registration fee includes admission for the full nursing day, lunch, morning and afternoon tea.

Early Bird payment must be received before Friday 31 July 2009

Members: \$110 **Non Members:** \$150 **Student (Undergraduate):** \$50

Payments received after Friday 31 July 2009

Members: \$130 **Non Members:** \$170 **Student (Undergraduate):** \$60

Detach here and return with payment

Proposed* topics include:

- Robotic prostatectomy
- Case studies
- Urology workforce planning
- Physiotherapy
- Urology and more....

The nursing day is well supported by the trade. There will be many trade displays available for participants of the conference to visit.

*The content for this nursing day is proposed and may be subject to change due to speaker availability.

First Name: _____ **Surname:** _____
Postal Address: _____
Suburb: _____ **P/C** _____
Telephone: _____ **Email:** _____

Place of Employment: _____

Payment for (please tick)

QUNS Member Fee \$110 Received before Friday 31 July \$150 Received after Friday 31 July
Non Member Fee \$150 Received before Friday 31 July \$170 Received after Friday 31 July
Undergraduate Fee \$50 Received before Friday 31 July \$60 Received after Friday 31 July
include copy of student ID badge

Payment Amount : \$ _____

Payment Options (we are unable to accept credit cards) Please tick

Cheques / Money Orders: **Electronic Funds Transfer (EFT): obtain bank details**
Make payable to QLD Urological Nurses Society Inc. **by emailing qldurology@hotmail.com**
Enclose with completed form Your registration is confirmed only a upon payment and receipt of this form.

To comply with the Privacy Act please circle below:

I **give / do not give** permission for my name to be made available to interested supporters of QUNS.

Forward your completed application form with payment or request for invoice to:

The Treasurer, QUNS Inc., PO Box 1332, Kenmore QLD 4069

Date Payment Received _____ Receipt Number _____
Registration Number _____ Membership Number _____