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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Melanoma Symposium | | | Registration form | | | | | | |
| Open to Stage III and IV melanoma patients, their families and carers, and medical professionals in the field of melanoma diagnosis, treatment and prevention. | | | | | | | | | |
| Date: | 28 July 2012 | | | | Time: | | | 9:00 am - 01:00 pm | |
| Name(s): | 1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. | | | | | | | | |
| Street: | Click here to enter text. | | | | | | | | |
| City: | Click here to enter text. | | | | | | | | |
| State: | Click here to enter text. | | | Postcode: | | | | | Click here to enter text. |
| Email: | Click here to enter text. | | | | | | | | |
| Telephone: | Click here to enter text. | | | | | | | | |
| I would like to attend: |  | Session 1: Treatment of melanoma & the role of clinical trials | | | | | | | |
|  | Session 2: Holistic approach to managing & living with melanoma | | | | | | | |
| I also would like to: |  | Become a member *(free)* | | | |  | Become a supporter *(free)* | | |
|  | Volunteer at the event | | | |  | Make a donation | | |

*As a Symposium delegate you are automatically registered for the Melanoma Health Expo*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Melanoma Health Expo | | | Registration form | | | | |
| Open to everyone. Come along and learn more about the important issues relevant to melanoma awareness, prevention, diagnosis and treatment. Visit the exhibitor stalls to obtain free information and speak with professionals offering their services on the day. | | | | | | | |
| Date: | 28 July 2012 | | | Time: | | | 09:00 am – 3:00 pm |
| Name(s): | 1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. | | | | | | |
| Street: | Click here to enter text. | | | | | | |
| City: | Click here to enter text. | | | | | | |
| State: | Click here to enter text. | | | Postcode: | | | Click here to enter text. |
| Email: | Click here to enter text. | | | | | | |
| Telephone: | Click here to enter text. | | | | | | |
| I would like to: |  | Become a member *(free)* | | |  | Become a supporter *(free)* | |
|  | Volunteer at the event | | |  | Make a donation | |

Please email completed forms to: [events@melanomapatients.org.au](mailto:events@melanomapatients.org.au) or by mail to:   
Melanoma Patients Australia, PO Box 1771, Toowong BC, Toowong QLD 4066

