



HUNTER POSTGRADUATE MEDICAL INSTITUTE

Our Major Sponsor



I WISH TO REGISTER TO ATTEND HPMI'S

Name of Event _____

Title _____ Given Name _____ Surname _____

Contact Phone _____

Email _____

- I WISH TO REGISTER TO ATTEND MEETING
- I WISH TO REGISTER TO STREAM IN LIVE FOR MEETING
- I WISH TO BECOME A HPMI MEMBER
- I AM INTERESTED IN INFORMATION ABOUT GROUP PRACTICE DISCOUNTS

I WISH TO PAY *(University of Newcastle Tax Invoice Receipts will be provided)*

- NON MEMBER ATTENDANCE FEE
- NON MEMBER LIVE STREAMING FEE

- GP MEMBERSHIP \$660
- SPECIALIST MEMBERSHIP \$550
- AHP MEMBERSHIP \$330
- REGISTRAR MEMBERSHIP \$220
- ONLINE MEMBERSHIP (Stream in live) \$110

TOTAL PAYMENT \$ _____

- ENCLOSED IS CHEQUE made payable to "University of Newcastle (HPMI)"

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