

# HEALTH PROGRAM ENTRY FORM



**Health Program Title:** *(as it is to appear on the Award if successful)*

**Company/Organisation:** *(as it is to appear on the Award if successful)*

**Contact person:** *(for future correspondence)*

Title: \_\_\_\_\_ Given name: \_\_\_\_\_ Surname: \_\_\_\_\_

Position: Abc

Company/Organisation: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**Contact person:** *(for answering questions from the Judging Panel - if not the same person listed above)*

Title: \_\_\_\_\_ Given name: \_\_\_\_\_ Surname: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**Recipient:** The name of the person who will accept the Award at the Conference Dinner will be required when the entries are short listed.

**Additional Information:** To be considered eligible to enter the Competition the intellectual property in your Program must be open source – this means that you must be willing to provide and share the intellectual property in the program so that it can be used by others – free of charge.

**Is the Program free of Intellectual Property restrictions?** (Please Tick)  Yes  No

**Permission to Publish:** - I agree that no royalty is to be paid and that the Conference Committee may, at its discretion, include the Submission in the Conference Handbook and placed on the Conference Website for general viewing and for placement on the website of other industry bodies after first obtaining my approval.

**All this shaded section must be completed**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Organisation: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Poster Display

We would be interested in taking up the complimentary offer to participate in the **Poster Display and Presentation Session** at the Conference.

(Please Tick)  Yes  No

**Please attach this Entry Form** as a separate file with your submission and forward to:

**Robert Seaman:**

**E:** robertseaman@acclaimsemm.com.au

## Conference Organiser

ACCLAIM Special Events and Meeting Management  
23 Deerhurst Road, Brookfield, Queensland 4069

**M:** 0409 776 071

*By providing the details requested on this Entry Form you are taken to have consented to the Queensland Mining Industry Health and Safety Conference Committee using the personal information herein to fulfil our obligations to you. The contact's personal information will not be published in the Conference Handbook.*