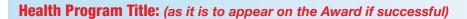
HEALTH PROGRAM ENTRY FORM





Company/Organisation: (as it is	s to appear on the Award	d if successful)		
Contact person: (for future cor	respondence)			
Title: Giv	en name:	Surname	e:	
Position:				
Company/Organisation:				
Postal Address:				
Town/City:		State:	Postcode:	
Business Phone:		Mobile:		
Email:				
Contact person: (for answering	g questions from the Jud	lging Panel - if not the sam	ne person listed above)	
Title: Giv	en name:	Surname	e:	
Mobile:				
Recipient: The name of the pentries are short listed.	erson who will accept the	e Award at the Conference	Dinner will be required when the	
	eans that you must be v	villing to provide and share	ellectual property in your Program the intellectual property in the	
Is the Program free of Intel	llectual Property restri	ctions? (Please Tick) ✓	✓ ☐ Yes ☐ No	
Permission to Publish: - I agreed discretion, include the Submis general viewing and for placer	e that no royalty is to be ssion in the Conference F	paid and that the Conferer Handbook and placed on th	nce Committee may, at its he Conference Website for	
All this shaded section mus	st be completed	Poster Display		
Name··	We would be interested in taking up the con offer to participate in the Poster Display ar			
Position:			Presentation Session at the Conference.	
		(Please	e Tick) 🗸 🔲 Yes 🔲 No	
Organisation: Signature:			Please attach this Entry Form as a separate file with your submission and forward to: Robert Seaman:	
			ertseaman@acclaimsemm.com.au	
Date:		E: robe	criscamane acciaimscriim.com.ac	

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The contact's personal information will not be published in the Conference Handbook.