

## Newsletter Subscription

Please check (X) which applies to you

<b>Date:</b>	<b>New Application</b>	<input type="checkbox"/>	<b>Renewal</b>	<input type="checkbox"/>
<b>Title &amp; name</b>				
<b>Department &amp; Organisation</b>				
<b>Address</b> *postcode required				
<b>Email</b>				

Please note separate registration is required for GISS forum.

**Age group of person you work with or support**

0-6

7-18

18-65

65+

Please check (X) which applies to you

Person who has a gastrostomy	<input type="checkbox"/>
Person who has a jejunostomy	<input type="checkbox"/>
Family member/friend of person who has a gastrostomy	<input type="checkbox"/>
Family member/friend of person who has a jejunostomy	<input type="checkbox"/>
Allied health professional	<input type="checkbox"/>
Support worker	<input type="checkbox"/>
Teacher	<input type="checkbox"/>
Child care worker	<input type="checkbox"/>

How did you find out about GISS?

This subscription may be sent by:

**Email** [giss.crc@scopevic.org.au](mailto:giss.crc@scopevic.org.au)

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Box Hill 3128

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