

**National Industrial Chemicals (Notification & Assessment) Scheme – NICNAS
and
Therapeutic Goods Administration - TGA**

**EXPRESSION OF INTEREST TO ATTEND NICNAS/TGA REGULATORY
IMPACT CONSULTATIONS ON PROPOSED CHANGES TO DISINFECTANT
REGULATION IN AUSTRALIA**

Name: _____

Address: _____

Company/Organisation Name: _____

Phone Number: _____ Fax: _____

Mobile phone number: _____ Email: _____

1. Please indicate your preferred method for us to contact you (please check box)

Mail Email Phone Mobile phone Fax

2. I am (please check box)

From industry Private individual From a community organisation

Other (please specify): _____

3. Please indicate your preferred location to attend an information session (please check box)

Brisbane Sydney Melbourne

Adelaide Perth

4. To assist us in arranging venues please indicate:

How many people might attend from your company, organisation or group _____

Do you require disabled access (please tick)? Yes No

Please fax completed form to 02 8577 8888 by 5pm Friday 30 October 2009.