

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

**EXPRESSION OF INTEREST TO ATTEND NICNAS/TGA INFORMATION
SESSIONS ON PROPOSED CHANGES TO DISINFECTANT REGULATION IN
AUSTRALIA**

Name: _____

Address: _____

Company/Organisation Name: _____

Phone Number: _____ Fax: _____

Mobile phone number: _____ Email: _____

1. Please tick your preferred method for us to contact you

Mail Email Phone Mobile phone Fax

2. I am (please tick)

From industry Private individual From a community organisation

Other (please specify): _____

3. Please tick your preferred location to attend an information session

Sydney Melbourne

Other location (please specify): _____

4. Please tick your preferred time to attend an information session

10:00 am – 12:00 noon 7:00 pm – 9:00 pm

5. 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 Return to NICNAS, GPO Box 58 Sydney NSW 2001
Or fax (02) 8577 8888**

Attn: Stephen Zaluzny