

**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.**