

**OGTR Client Register**

If you would like to be on the OGTR Client Register, please fill in the form and fax it to 02 6271 4202 or mail to:

Client Register  
Office of the Gene Technology Regulator  
MDP 54, PO Box 100  
WODEN ACT 2606

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Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Suffix: \_\_\_\_\_

Organisation: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Suburb/City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Thank you for your interest in the OGTR.