

**GMP RISK ASSESSMENT  
THROUGH SELF INSPECTION**

**Sydney -Wednesday October 10**  
(Australian Technology Park - Redfern)  
9am- 5pm

**Melbourne – Monday 15<sup>th</sup> October**  
(Venue -TBA )

Whether you work in regulatory affairs or are directly responsible for the quality management of a manufacturing unit, Australian regulations require that all medicines proffered to the community are manufactured in a GMP compliant facility. This **one-day workshop** will hone your understanding of the principles of internal auditing including emphasis on the difficulties associated with importing medicines from overseas; when you can't control the day-to-day quality. You will discuss the questions you need to ask when auditing either on site or from a distance, through the presentation of hypothetical scenarios based on industry experiences. Substantial hand out guides will be given to each participant. In essence the workshop is professional development for people in the therapeutic product industry.

**Who Should Attend**

If you are actively involved in quality management and production or working in the regulatory environment sponsoring medicines from overseas you will find benefit from this workshop.

**Workshop Facilitator**

**Graham Garside, Manufacturing Director, Inova Pharmaceuticals** will lead participants the workshop scenario discussions. Graham has many years experience in the area of quality and production management in the pharmaceutical industry.

**Sponsors**

**Advanced Manufacturing Centre** and the **Australian Self Medication Industry**

**REGISTRATION FORM**

(Please type in the boxes and Save As the form)

**Venue: Sydney or Melbourne**

**Organisation**

| <b>Name</b> | <b>Email</b> | <b>Phone</b> |
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**Registration Fee: \$550 pp – Total Fee:**

The registration covers all aspects of the workshop including refreshments and lunch.

- **Cheques should be made out to the Advanced Manufacturing Centre**
- **Credit card (please circle)**  
\*(Amex/Diners Club/Visa/Master Card/BankCard)

**Credit Card No**

**Name on Credit Card**

**Card Expiry Date**

**Signature of Holder**

**For Credit Card payment, please print, sign and fax this form to 'AMC' on (02) 9209 4470**

**Direct Debit: Advanced Manufacturing Centre**

**Bank: CBA BSB: 062231 Account No: 10232126**

**When doing direct debit than use your name in the reference field followed by "Auditing".**

**Cancellations after October 1<sup>st</sup> will incur a penalty of \$75 pp.**

Please email this application form to Rita Lahoud at **r.lahoud@amc.atp.com.au** or fax to **(02) 9209 4470**.

For further information contact:  
**Dr Peter Cranston on 0409 986 190 or Rita Lahoud on (02) 9209 4209**

**This Registration Form is a Tax Invoice.**

\*Please Note: if paying by credit card a processing fee applies as follows Visa/Master Card/ Bank Card 2.2%; Diners Club 3.22%; Amex 4.18%  
In accordance with the Privacy Amendment Act 2000, the information provided in completing this form will be kept in a database on a secure server at the AMC.