

Appendix 1
Participation Form

Please complete the requested information below and fax to 02 9602 7187 or email to arthroplastyregistry@worc.org.au

Date: _____

To: The Steering Committee ACORN

Facility Name:	
Facility Address:	
Facility Postal Address:	

Head of Orthopaedic Department Name:	
Signature:	
Date of Signature:	
Email Address:	
Contact Phone Number:	

Hospital Executive Member Name:	
Executive Member Role:	
Signature:	
Date of Signature:	
Email Address:	
Contact Phone Number:	

Site Coordinator Contact Name:	
Clinical Role:	
Signature:	
Date of Signature:	
Contact Email:	
Contact Phone Number:	