



Histology Group of Victoria Inc.  
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<http://www.hgv.org.au>

## Volume 14 Number 5

October 2009

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*Acting Editor: Elizabeth Baranyai*

***“The HGV aims to provide a dynamic continuing education program in  
Which all persons with an interest in Histology and Histotechnology  
Are freely invited to participate.”***

PARAFFINAJIA

## **Committee Page:**

The members of the Histology Group of Victoria 2008-2009 are:

Name	Institution	Phone
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Judy Brincat	Dorevitch Pathology	9244 0354
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Nguyen-Hoang, Nguyen	Peter MacCallum Cancer Centre	9656 1844
Cameron Skehan	Monash Medical Centre	9594 3493
Adrian Warmington	St. John of God Pathology (East)	5320 1171

Please feel free to contact any of the committee members listed above with any comments or suggestions. Contributions are always welcome.

### **Advertising:**

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- Single sided A4 Black and White \$200
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#### **Submissions:**

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[editor@hgv.org.au](mailto:editor@hgv.org.au) or post directly to:

The Histology Group of Victoria Inc.  
P.O. Box 1461  
Collingwood Victoria 3066  
Australia

Please send articles on floppy disc (preferably Microsoft Word format) for inclusion in the next edition. All articles submitted for publication will then become the sole property of the Histology Group of Victoria.

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## **FROM THE CHAIR:**

### **Blurb from the Bush**

The One Day Seminar is on the way! This edition has details of program and a registration form. So start pestering the “boss” for some funds and set aside March 19<sup>th</sup> and 20<sup>th</sup> next year. Congratulations to Maria Chavez for putting together a varied and interesting program and workshops including local and international speakers.

Our last scientific meeting for the year is in November. Dr Mark Myers, senior lecturer at Ballarat University will present findings of his research into the pancreas. This will be combined with the AGM. The HGV are always after keen histologists to volunteer their time to assist the HGV in organising further education. With several retirements from this years committee it is vital that we get some input so that we can continue effectively.

The committee will commence planning next year’s program in November, so if you have any topics or speakers that you would particularly like to see, email [secretary@hgv.org.au](mailto:secretary@hgv.org.au) with your suggestion.

This is the final newsletter for 2009, so as the festive season approaches I trust everyone will have a safe and joyous Christmas and new-year.

And finally from the HGV committee – congratulations to the Geelong Football Club – “The Greatest Team of ALL”.

*Adrian Warmington*

HGV President

## **Meeting Report:**

### **Liver Biopsy Scoring**

#### **Presented by – Linda Beaton and Dr. R.C.U Priyadarshika of Monash Medical Centre**

The histological applications of the liver biopsy were innovatively presented by a scientist/pathologist duo from Monash Medical Centre. Linda Beaton explained the importance of special stains in the grading of liver biopsies from a histologists aspect, while pathologist Dr Priyadarshika explored the grading and staging of inflammation and fibrosis in chronic hepatitis.

Linda began with an overview on normal liver histology and fibrosis. Fibrosis is the end result of ongoing injury and cell death with the accumulation of tough, fibrous scar tissue in the liver. The liver biopsy is the only means of detecting hepatic fibrosis and is a vital tool in patient treatment and management. It confirms the clinical diagnosis of fibrosis allowing for the exclusion of many diseases that can manifest as chronic hepatitis. It can also exclude underlying diseases that may be masked by the primary cause of hepatitis. More importantly, the liver biopsy allows for the grading and staging of the disease. The size of the liver biopsy is very important. The sample should be at least 2.0 to 2.5cm in length and contain at least 10 portal tracts. The site of the liver biopsy can also affect the final interpretation, as well as having a biopsy with less than 4 portal tracts which can make the staging of the biopsy very difficult.

Histological special stains are used to demonstrate the extent of fibrosis in liver biopsies. The routine liver panel employed by MMC incorporate H&E levels x3, Reticulin, Perls Prussian Blue, PAS, PAS+Diastase, Masson Trichrome and the Orcein stain. Images of the liver special stains panel were shown to describe how fibrosis is evaluated. H&E images were shown depicting the basic differences between normal liver and early fibrosis, followed by images comparing the staining results of the other stains used in the panel. The Masson Trichrome stain highlights Type I collagen; an extensive amount is laid down in early fibrosis, more so in the bridging fibrosis of extensive fibrosis. The PAS stain is shown to depict the presence of glycogen and the presence of hepatocytes and thus showing their absence in early and extensive fibrosis. Hepatocytes close to the portal tract are seen to slowly lose their glycogenation with extensive fibrosis. The PAS+Diastase stain is able to demonstrate a pigment called ceroid which is a PAS+diastase resistant substance that is a marker of early cell death and fibrosis. The PPB stain is used to assess iron load within the liver and also indicates whether or not the fibrosis is a result of a genetic predisposition, such as in secondary haemosiderosis, as seen in Thalassaemia major. Reticulin fibres form the supporting network of the liver, and in the Reticulin stain these type I collagen fibres stain brown. This collagen framework appears less when liver hepatocytes start to die in extensive fibrosis. The Orcein stain comes in handy as an elastic stain to show the internal elastic membranes of vessels as well as staining any viral inclusions that may be present.

Linda concluded that grading chronic hepatitis continues to be a difficult and perplexing issue, and in recent years several semi-quantitative numerical grading and staging systems have been proposed, however, as of yet there is no universal standard for the grading and staging of liver biopsies. Dr. Priyadarshika then came on board to discuss this further.

Dr. Priyadarshika embarked on the fact that the indications for liver biopsies has changed over time but are mainly performed if clinical findings and test results are inconclusive. The liver

biopsy identifies etiological factors, determines the stage of progression of a disease, and evaluates the effect of therapy. Stage is defined as how far the disease has progressed in its natural history, whilst grade is how quickly the disease is progressing to the end stage. Scoring systems are used as a semi-quantitative analysis to assess prognosis, to guide treatment, and to compare interval biopsies, as is performed in drugs trials when liver biopsies are staged before and after drug administration.

Acute hepatitis can either resolve or result in chronic inflammation which can be ongoing (this is graded), and can result in fibrosis/cirrhosis (this is staged). Grading necro-inflammation was then discussed. It is divided into three categories: 1. Lobular, which is subdivided into spotty necrosis which is single liver cell death, and confluent necrosis which is extensive liver cell death; 2. Portal, which is inflammation confined to the portal tract; and 3. Interphase/Piecemeal, which is inflammation of the portal tract and into the surrounding hepatocytes making the margin of the portal tract unclear. With various H&E and Masson Trichrome images the various types of fibrosis were illustrated: portal, septal, central bridging, incomplete cirrhosis and complete cirrhosis.

There are various scoring systems used for evaluating chronic hepatitis. MMC uses the Modified Knodell (Ishak) and the Metavir systems. The Modified Knodell system incorporates four different grading and six staging categories, whilst the Metavir system only has two grading criteria and four stages for grading fibrosis.

Grading and staging of diseases other than chronic hepatitis is also possible and Dr. Priyadarshika used non-alcoholic steatohepatitis (NASH) as an example. NASH can be caused by obesity, a metabolic syndrome and/or type II diabetes mellitus. The liver morphology associated with NASH includes steatosis, ballooning of hepatocytes, lobular inflammation, and fibrosis (peri-cellular and peri-venular).

After a series of questions, Dr. Priyadarshika's walk-away statement emphasized the importance of a special stain panel for liver biopsies which is essential in staging and grading liver disease.

*Reported by Michelle Zammit*

*Alfred Hospital*

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## **Equipment For Sale**

### **Shandon HyperCenter XP Tissue Processor**

Small footprint with pressure and vacuum. As new command module. Reaction module requires servicing.

Supplied with basket, manual, all accessories and full service history.

Price: Negotiable

Contact Sue Sturrock, Peter MacCallum Cancer Centre 9656 1431,

[sue.sturrock@petermac.org](mailto:sue.sturrock@petermac.org)

## Article Review

### Histology: a unique area of the medical laboratory

René J. Buesa, BSc, HTL

Annals of Diagnostic Pathology 11 (2007) 137-141

This article describes the similarities and fundamental differences between the histopathology laboratory and other areas of the medical laboratory, and how to assure quality in the histology laboratory.

9 generalisations are used for comparison and to highlight the fundamental differences. In summary:

Aspect	Histology	Other areas
Samples	Solid, unique, irreplaceable	Often liquid and abundant, usually recollectable
Procedures	More than 4,500 and diversified because of personal preferences	Less than 400 and diversified because of marketing requirements
Results	Qualitative	Quantitative
Instrumentation	Less than 30% of tasks are automated	Up to 80% of tasks are automated
Work flow	Completion of batches in most laboratories is intermittent	In high-volume laboratories batches are usually completed continuously.
Decision making	Each step of the work flow requires some type of decision to be made which affects the finished slide	Only a few tasks require a low level of decision making.
Productivity and workload	An increase in workload requires an increase in staffing because of the physiological limits of fundamentally manual tasks.	Greater automation and more productive instrumentation compensate for workload increases.
Turnaround time	Minutes, hours or days	Seconds to minutes, except some cultures (days)
Personnel (registration/certification)*	Currently 50% are 'grandfathered'	Less than 25% are 'grandfathered'

Many of the differences described require no further explanation, however there are several aspects that deserve further examination.

95% of the recognised procedures that a histological specimen can undergo were developed and published between 1841 and 1950. They were developed with little understanding of the underlying principles, and with some this remains the case today. There are no standardised procedures, personal preference often being the determining factor as to which technique is conventional for any laboratory.

Histology became a science once microscopy became available to medicine for the correlation of pathologic process and microscopic appearance. By the middle of the 19<sup>th</sup> century, long before other disciplines within medical laboratory practice existed, staff were given the task of preparing slides for microscopic examination and histotechnology as a “trade” saw its beginnings. The principles of many of those original techniques are still practiced today, with the benefit of technical advances.

However, the fundamental difference is the amount of decision making by the histotechnologist, at every step in the process of producing a stained slide, as compared to that required in other laboratories to obtain a result. Along with the decision-making is the potential to make an error at any one of these stages, thereby rendering the result invalid. The author states that “the most important decisions are made while “grossing” (specimen cut-up), and furthermore as a “high complexity test” should only be performed by pathologists, registrars or pathology assistants “but never by histotechnologists”. It is important to note here that traditionally, there was no formal training for histotechnologists, as the original histotechnologists were historically medical students, nurses, college graduates or in fact anyone with the manual dexterity and willingness to tolerate toxic fumes and dangerous work environments eg janitors, orderlies or even secretaries.

Other examples of the decision making required to produce a diagnostic slide include the determination of adequate decalcification; the selection of a suitable section to pick up from the waterbath, including quality and whether it is representative of the sample submitted; is it dry enough prior to heating to avoid artefacts.....to name just a few.

The conclusion reached is that the quality of work produced by the histopathology laboratory is dependent on three factors: training – all personnel should be trained according to the tasks they are required to perform; accountability – all procedures should have performance standards and competency requirements which should be documented in a well-maintained and current manual; supervision – all teams regardless of their size require supervision, preferably a pathologist who is prepared to oversee the day-to-day operations of the department and provide constructive feedback.....”the histotechnologists need to know their work is appreciated!”

Judy Brincat

Dorevitch Pathology

## Under the Microscope

*Reported by Maria Chavez*

**Nguyen Nguyen  
Grade 2 Medical Scientist  
Peter MacCallum Cancer Centre**

**1. What was your first job?**

Worked as a waitress in a Chinese restaurant which paid very little, but I met lots of people from all sorts of backgrounds. For example, my boss was a man that used to be a microbiologist at the Austin and one of the chef's, used to work at Flower Drum. Interesting...

**2. What attracted you to Histology?**

I like mainly the bench work but I also had great teachers from the Austin who taught me everything I know.

**3. What is the worst decision you have ever made?**

When I was young (which was not too long ago), I smacked my brother on the head with my pair of 2 dollar thongs because he smacked me in the face for beating him in an arcade game. An eye for an eye I say...

**4. What is the best decision you have ever made?**

Travelling with my girlfriends to Europe on a Contiki Tour – had the time of my life.

**5. Who would you most like to have dinner with and why?**

The King of Pop – Michael Jackson.  
So he can show me how to do the “moon walk”.

**6. What music do you enjoy listening to?**

I am currently listening to Duffy's album – Rockferry. It's a collaboration of pop, soul and rocky tunes.

**7. What is your favourite stain?**

Congo Red – the apple green birefringence really catches my eye.

**8. What is your favourite food/Restaurant?**

Thai Food – the spicier, the better. I recommend “Ying Thai” on Victoria Street, Richmond. It has the best tom yum soup and papaya salad.

**9. What are you reading at the moment?**

The Kite Runner by Khaled Hosseini.  
I cried many, many times. I lent the novel to my friend and then she cried many, many times.  
It's a really good book.

**10. What is the best conference you have ever attended?**

The ASC conference in Sydney 2008 and the Adelaide Histology conference 2009 both had great programs and great people.

**11. Are there any current projects you are working on at the moment?**

Learning to screen cytology specimens - this may sound corny, but I really enjoy looking at the cells and having an input in the diagnosis.



#### Anatomical Pathology- Burwood

It has been a very interesting few months for Anatomical Pathology QAP. I have just got back from the trip of a lifetime spending 4 weeks in China, Tibet and Trekking to the Everest Base Camp in Nepal. On a sad note after many years at the QAP Margaret Dimech our previous Program Manager has left our organization to pursue other endeavours. Sonya is currently the acting Program Manager filling in until we find a replacement and we have Marija from MMC helping us out a couple days a week to ease the load.



Me flying the flag at Everest Base Camp  
the Great Wall in China

With Mum and Dad on

For pathologists since June we have sent out the last Breast diagnostic survey, a General Diagnostic survey and both the Forensic and Gynaecology specialist surveys. Currently open are the Electron Microscopy and final Technical surveys with images, Grocott stains and unstained sections coming in to the office thick and fast. The Electron Microscopy and Technical assessment meetings will be held in October.

The Paediatric survey has just left the door and the last General diagnostic survey (consisting of 10 virtual microscope images) is due out 7<sup>th</sup> October with the Urology diagnostic survey soon after.

We have just completed the IH09-3 Immunohistochemistry assessment meeting so look out for those green sheets and Reports of Results due out in October. After every assessment meeting the committee gets together and plans future developments for the program and we are happy to say that there will be some exciting improvements and changes for 2010.

With Christmas and the New Year just around the corner and what is our probable last contribution to Paraffinalia for 2009 everyone at the QAP would like to wish all the Paraffinalia readers a fantastic Christmas and New Year and we look forward to getting back in touch again in 2010.

Sonya, Erin, Marija, Jeyanthi, Ann and Pat.



## **HGV EDITOR**

A position has become available as the HGV Editor

The HGV endeavours to provide to its members 5 editions of  
“Paraffinalia” annually.

If you have some basic computer skills and the capacity to assist the HGV on a voluntary basis, we would be interested in hearing from you. As editor you will be able to impose your creative style and flair on the newsletter.

The position would entail inclusion on the HGV committee should you wish to participate in monthly committee meetings. Committee meetings give you a great chance to have your say on the direction of the HGV, or to just enjoy some networking over a red wine.

## Next Scientific Meeting:



Histology Group of Victoria Inc.  
Org. No. A0035235F

### Plecomacrolide toxins and endocrine pancreas remodeling

Speakers: Mark Myers  
Senior Lecturer – University of Ballarat

Date: Thursday 12<sup>th</sup> November, 2009

Time: 6:00 – 6:45 Refreshments  
6:45 – 7:30 Presentation

Venue: Peter MacCallum Cancer Institute  
7 St. Andrews Place  
East Melbourne

Presentation: Brockhoff Lecture Theatre  
Level 3, Smorgan Family Building

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**SPEECH RECOGNITION AUST. P/ L**

Attendance at this meeting contributes to APACE points

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# Future Scientific Meetings:

## 2009

**5<sup>th</sup> March**

~~Scientific Meeting—Series of Short Presentations~~  
~~Venue—PeterMae~~



**30<sup>th</sup> April**

~~Scientific Meeting—QAP~~  
~~Venue—PeterMae~~



**8<sup>th</sup> – 10<sup>th</sup> May**

~~4<sup>th</sup> National Histology Conference~~  
~~Hosted by Histology Group of South Australia~~

**4<sup>th</sup> June**

~~Scientific Meeting—Tissue Processing~~  
~~Venue—PeterMae~~



**2<sup>nd</sup> July**

~~Cut—Up Workshop—Lymphoid/Cervical Tissue~~  
~~Venue—St. Vincents Hospital~~

**31<sup>st</sup> July**

~~Social Event—Trivia Night~~  
~~Venue—The Mt Erica hotel, Prahan~~



**3<sup>rd</sup> September**

~~Scientific Meeting—Liver Biopsy Scoring System~~  
~~Linda Beaton & Dr. Priya~~  
~~Venue—PeterMae~~



**12<sup>th</sup> November**

Scientific Meeting – Plecomacrolide toxins and endocrine pancreas remodeling / AGM  
Mark Myers  
Venue - PeterMac  
*"Invisible Miracle!"* SPEECH RECOGNITION AUST. P / L

## HGV One Day Seminar Provisional Program March 19<sup>th</sup>-20<sup>th</sup> 2010

### Workshops Friday 19<sup>th</sup> March 2pm.

Speaker	Title
Julian Richardson	Basic presentation photography for medical scientists
Geoff Rolls	Tissue processing

### One Day Seminar Saturday 20<sup>th</sup> March 9 am-5pm

Speaker	Title
Ms. Jean Mitchell	Muscle biopsy
Mr. Paul Crammer	Electron Microscopy
Mrs. Natalie Kavelheim	Veterinary histology
Dr.Chris Briggs	Forensic bushfire talk
Mr. Alex Laslowski	Sources of contamination
Ms.Kerry Scott Dowell	Difficult specimens
Prof. Anne Kelso	<b>The influenza A(H1N1) 2009 pandemic in Australia"</b>
Dr. Jacqueline Boyd	Infectious disease
Kate Lawlor/Ellen Tsui	Research presentation
Ms. Jean Mitchell	Nerve Biopsy/Pathology



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# MELBOURNE MARCH 19-20<sup>TH</sup> 2010

HISTOLOGY GROUP OF VICTORIA, ONE DAY SEMINAR





Histology Group of Victoria Inc.  
Org. No. A003523F  
ABN 49 725 623 468

# **HGV ONE-DAY SEMINAR 2010**

## **MARCH 19-20TH**

**EARLY BIRD REGISTRATIONS:**                      **CLOSE: 05 FEBRUARY 2010**

**FINAL REGISTRATIONS:**                      **CLOSE: 05 MARCH 2010**

**PERSONAL DETAILS:**

**DELEGATE NAME:** \_\_\_\_\_

**BUSINESS NAME:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**FAX:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**NAME TO APPEAR ON DELEGATES LIST: YES:** ☐ **NO:** ☐

**INVOICE DETAILS (COMPLETE ONLY PREFERRED METHOD OF RECEIVING INVOICE)**

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\_\_\_\_\_ **POST CODE:** \_\_\_\_\_

Forward completed registration form to either;

MAIL  
HGV Secretariat  
PO Box 2226  
North Ringwood, VIC 3134

EMAIL  
Scanned registration to:  
[secretary@hgv.org.au](mailto:secretary@hgv.org.au)

FAX  
With Header Sheet to:  
HGV Secretariat  
(03) 9876 6258

DO NOT FORWARD ANY PAYMENT WITH THE REGISTRATION FORM.  
AN INVOICE WILL BE ISSUED FOR PAYMENT



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**NOTE: \* A LAPTOP WITH PHOTOSHOP VERSION 2 OR BETTER WILL BE REQUIRED TO PARTICIPATE IN THE “BASIC PRESENTATION PHOTOGRAPHY FOR THE MEDICAL SCIENTIST” WORKSHOP.**

## REGISTRATION

	TICK	COST
1. SEMINAR REGISTRATION (STUDENT DISCOUNT AVAILABLE SEE BELOW)	<input type="text"/>	\$70.00
2. WORKSHOP REGISTRATION #1 (BASIC PRESENTATION PHOTOGRAPHY FOR THE MEDICAL SCIENTIST)*	<input type="text"/>	\$30.00
3. WORKSHOP REGISTRATION #2 (TISSUE PROCESSING)	<input type="text"/>	\$30.00

## SOCIAL

4. WORKSHOP DINNER	<input type="text"/>	\$40.00
5. WORKSHOP DINNER PARTNER	<input type="text"/>	\$40.00
6. SEMINAR DINNER (INCLUDES DRINKS)	<input type="text"/>	\$57.00
7. SEMINAR DINNER PARTNER (INCLUDE DRINKS)	<input type="text"/>	\$57.00

## PACKAGES

8. FULL WORKSHOP/SEMINAR #1 (BASIC PRESENTATION PHOTOGRAPHY FOR THE MEDICAL SCIENTIST)*	<input type="text"/>	\$197.00
9. FULL WORKSHOP/SEMINAR #2 (TISSUE PROCESSING)	<input type="text"/>	\$197.00
10. FULL SEMINAR REGISTRATION	<input type="text"/>	\$127.00
11. FULL WORKSHOP REGISTRATION	<input type="text"/>	\$70.00

SEMINAR HAPPY HOUR	<input type="text"/>	FREE
LATE FEE (AFTER 05 FEBRUARY 2010)	<input type="text"/>	\$25.00
STUDENT DISCOUNT (FOR ITEM 1 ONLY)	<input type="text"/>	-\$35.00

**Total \$** \_\_\_\_\_

PLEASE NOTE ANY DIETARY REQUIREMENTS FOR EITHER DINNER: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**NOTE: THERE WILL BE NO REGISTRATIONS ON THE DAY**



## **PACKAGE INFORMATION:**

### **Full Workshop/Seminar Registration #1**

Includes registration to workshop #1 (Basic Presentation Photography for the Medical Scientist), workshop dinner, registration to seminar, including lunch, access to trade, happy hour and seminar dinner.

### **Full Workshop/Seminar Registration #2**

Includes registration to workshop #2 (Tissue Processing), workshop dinner, registration to seminar, including lunch, access to trade, happy hour and seminar dinner.

### **Full Workshop Registration**

Includes registration to workshop #1 (Basic Presentation Photography for the Medical Scientist) or workshop #2 (Tissue Processing) and workshop dinner.

### **Full Seminar Registration**

Includes registration to seminar, which includes lunch, access to trade, happy hour and seminar dinner.



## **INFORMATION:**

### **LOCATION**

Both the Workshops and the Seminar will be held at St. Vincent's Public Hospital, 41 Victoria Parade, Fitzroy, Victoria 3065.

### **PARKING**

Parking is available in a multi-level car park behind the private hospital in Fitzroy Street. Cost is \$10 per day on weekends. Other limited street parking is available.

### **WORKSHOPS**

Both Workshops will be run concurrently on Friday from 2pm-5pm. A light afternoon tea will be available.

### **WORKSHOP DINNER**

The dinner will be at The Pumphouse Hotel, 128 Nicholson St, Fitzroy, a short walk from the Workshop venue. Dinner will commence at 7:00pm. Seminar delegates not attending the workshops but who will be in Melbourne on the Friday evening are welcome to register for the dinner.

### **SEMINAR**

The seminar will start at 9:00am and conclude at 5:00pm. Morning tea, lunch and afternoon tea is provided. There will be a happy hour at the conclusion, which is free. Please indicate on the registration form if you are attending.

### **SEMINAR DINNER**

The dinner will be at the Kri Kri Greek Restaurant located at 39-41 Little Bourke Street, Melbourne, a short walk from the Seminar venue. It will include a 3 course set menu meal and drinks. Dinner will commence at 7:30pm and conclude at 12:00 midnight

### **TRAVEL**

Melbourne is approximately 25km from Tullamarine airport. To access Melbourne Airport via the Tullamarine Freeway, you may be required to obtain a CityLink pass. Passengers can also choose to travel toll-free to Melbourne Airport via the Western Ring Road.

SkyBus offers an express bus service from the airport to the city centre. This service operates 24/7, including all public holidays. Buses run from every 10 minutes throughout the day. \$16 Adult - one way - Return \$26

Taxis are available from the ground floor level of Melbourne Airport, outside Terminal 2 (T2 - International) and both domestic terminals (Terminal 1 - T1 and Terminal 3 - T3). Expect a taxi fare of around A\$80 to A\$85 for a return trip between the CBD and Melbourne Airport.



## **PAYMENT:**

Upon receiving an invoice, payment will be accepted by

Cheque or Money Order

Payable to: Histology Group of Victoria Inc

Address: PO Box 2226  
North Ringwood 3134

Direct Debit

Account Name: Histology Group of Victoria Inc

Branch: St Vincent's Hospital Victoria

BSB No: 063449

Account No: 10065881

**Include delegate name and invoice number**

Cancellations up to and including February 26<sup>th</sup> will be completely refunded.

Cancellations after February 26<sup>th</sup> and before March 5<sup>th</sup> will receive 50% refund.

Cancellations after March 5<sup>th</sup> will forfeit payment.

## **ACCOMMODATION SUGGESTIONS:**

### **Metropole Hotel Apartments**

44 Brunswick St

Fitzroy

03 9411 8100

Fax: 03 9411 8200

Freecall 1800 061 441

[reservations@metropole.org](mailto:reservations@metropole.org)

[www.metropole.org](http://www.metropole.org)

**MORE TO BE ADVISED**