

CURTAIN, Kate

From: Manager [Manager@footandanklecentre.com.au]
Sent: Wednesday, 1 September 2010 1:57 PM
To: Chambers - Watson VP
Subject: Attn Kate Curtain - Application to withdraw request to vary or revoke a modern award

Dear Kate

I wish to cancel this application to vary the following award:

Health Professionals and Support Services Award 2010

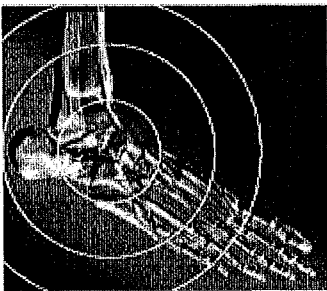
[AM2010/113]; 26 June 2010 [AM2010/114]

Name:	Julie Fallon		
Title:	Mr [] Mrs [X] Ms [] Other [] specify:		
Address:	22 Walter Street		
Suburb:	North Adelaide	State: SA	Postcode: 5038
Where the Applicant is a company or organisation:			
Contact person:		ABN:	77 688 935 050
Contact details for the Applicant or contact person (if one is specified):			
Telephone:	08 8334 5900	Mobile:	0408891896
Facsimile:	08 8334 5999	Email:	manager@footandanklecentre.com.au

Kind Regards,

Julie Fallon
PRACTICE MANAGER
DipHE, AIMM CPMgr

FOOT & ANKLE



C E N T R E

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