

Register your interest

Guardianship review

Name: Mr / Mrs / Ms / Dr _____

Organisation and position
(if appropriate): _____

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Would you prefer to be sent information and material by (please tick) email or post.

Interest in review (optional): _____
(e.g. person with a decision-making disability, family, friend, carer, interest group) _____

Please return to: Queensland Law Reform Commission
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