

## REGISTRATION FORM

INVOICE/TAX INVOICE ABN: 82 055 042 852

### PERSONAL DETAILS

First name  Surname

Postal address

City/suburb  State  Postcode

Email

Telephone  Dietary requirements

vegetarian  gluten free  dairy free  seafood allergy  nut allergy  halal  kosher  vegan

Please provide your name details as they should appear on the name badge

Preferred name  (Title, first name, surname)

Privacy: I consent to my name and state/country being included on the delegate list to be circulated at the meeting:

Signature

### REGISTRATION FEES

All fees are quoted in Australian dollars and are inclusive of GST.

Registration fee includes meeting registration, conference lunch and teas, welcome reception and conference dinner.

Early-bird full registration (until August 6) \$979  Early-bird trainee/allied health/retired fellow (until August 6) \$759

Full registration (from August 7) \$1089  Full trainee/allied health/retired fellow (from August 7) \$836

#### ONE-DAY REGISTRATION

Includes meeting registration, teas and lunch for selected single day. Friday day registration includes welcome reception.

One day registration \$605  Trainee/allied health/retired Fellow one day registration \$440

Friday, October 19

Saturday, October 20

Sunday, October 21

### SOCIAL FUNCTIONS

All fees are quoted in Australian dollars and are inclusive of GST. Please indicate your attendance.

**Welcome reception**, Friday October 19, 5-6.30pm. (Complimentary for delegates with full registration and Friday day registration)

I will be attending the welcome reception **(yes/no)**

I require \_\_\_\_\_ additional adult ticket/s at \$77 each

**Conference dinner**, Saturday October 20, 7-10.30pm. (Complimentary for delegates with full registration)

I will be attending the conference dinner **(yes/no)**

I require \_\_\_\_\_ additional adult ticket/s at \$165 each

I require \_\_\_\_\_ additional child ticket/s at \$55 each (under 12)

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### PAYMENT

Conference registration cannot be confirmed until payment is received.  
Cheques payable to "ANZCA" in Australian dollars or complete credit card details below.

Registration fee: \$ \_\_\_\_\_ Social function fees: \$ \_\_\_\_\_

Total payment: \$ \_\_\_\_\_

Visa Card  Master Card

Card number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiry date \_\_\_\_ / \_\_\_\_

Signature \_\_\_\_\_

Card holders name (as it appears on the card) \_\_\_\_\_

**Please return registration form and payment to:**

Eleni Koronakos, Senior Events Officer ANZCA

t 61 3 8517 5308

f 61 3 9510 6786

e [ekoronakos@anzca.edu.au](mailto:ekoronakos@anzca.edu.au)

630 St Kilda Rd, Melbourne VIC 3004