

conference registration

REGISTRATION FORM

TAX INVOICE / RECEIPT ABN: 55 055 668 963 013

Please Fax or Email this form to ICE Australia or Register on-line at <http://www.iceaustralia.com/accs2009/register.html> to receive a \$20.00 discount.

Personal Details:

Surname	First Name:	Title:	
Organisation:			
Position:			
Postal Address:			
Suburb:	State:	Postcode:	Country:
Phone:	Fax:		
Email:			

Marketing

In registering for this conference, relevant contact details will be incorporated into a delegate list produced for the conference which will be supplied to future ACCS conference organising bodies, sponsors, exhibitors, and all delegates attending the conference. Please indicate below if you do not wish for your details to be included in the delegate list.

- Please include my details in the delegate list
 Please do not include my details in the delegate list

How did you find out about the ACCS 2009 Conference?

<input type="checkbox"/> Website please specify website	<input type="checkbox"/> Advertisement: please specify publication
<input type="checkbox"/> Newspaper/ Editorial: please specify publication	<input type="checkbox"/> Newsletter: please specify source
<input type="checkbox"/> Word of mouth please specify	<input type="checkbox"/> Other:

Preferred Name Badge Title:

Surname	First Name:	Title:
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NB. Please only complete this section if your preferred display name is different from the details provided above.

Membership

Please indicate if you are a member of the:

- ACCS CPSA

Dietary Requirements (Please inform us of any dietary requirements you may have, e.g. vegetarian, halal, etc.)

Special Requirements (Please list any special requirements, i.e. wheel chair access, vision impaired, etc. in the field below.)

Registration Type:

AUD Dollars

- | | |
|--|------------|
| <input type="checkbox"/> Standard Full Registration inc. Welcome Ceremony (Wed 6 – Sat 9 May, 2009) | \$1,780.00 |
| <input type="checkbox"/> Day Registration (One day only) Please indicate which day you will be attending:
<input type="checkbox"/> Thursday 7 May, 2009 <input type="checkbox"/> Friday 8 May, 2009 <input type="checkbox"/> Saturday 9 May, 2009 | \$570.00 |
| <input type="checkbox"/> Paramedical Program (Fri 8 – Sat 9 May, 2009)
Includes two-day program, entry to all conference sessions on Friday and Saturday (sessions and workshops), light breakfast, morning and afternoon teas, lunch and conference satchel. | \$520.00 |
| <input type="checkbox"/> Additional Conference Day (Thur 7 May 2009)
Please note: only delegates registered for the full Paramedical Program are eligible to receive this rate.
Included in this daily rate: Entry to all conference sessions (lectures and workshops), light breakfast, morning and afternoon teas and lunch. | \$100.00 |
| <input type="checkbox"/> ACCS Training Program Registration (not including social function)
Please only select this registration type if you are currently taking part in the ACCS Doctors Training Program. | \$N/A |

The deadline for all registrations is Thursday 23 April, 2009.

Registrations or payment received after this date will be charged a \$AUD50.00 late fee.

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Social Program

The 10th Anniversary Welcome Ceremony is included in all full conference registrations only. Please tick the "No" box if you DO NOT wish to attend, to avoid wastage.

FUNCTION	Conference Pass Full Registration		Day/ Paramedical/ Registrar / Additional Tickets		\$
	Yes	No	#	Cost	Total
10th Anniversary Welcome Ceremony Wed 6 May, 2009: 6:30pm – 8:30pm				\$90.00	
10th Anniversary Gala Dinner "Dancing with the Stars" Fri 8 May, 2009: 7:00pm – 11:00pm *\$30.00 from each ticket sold, will be donated to a charitable organisation*		\$229.00		\$229.00	
SOCIAL PROGRAM TOTAL				\$AUD	

*prices include GST.

Registration Payment Summary

Registration	\$
Social Functions	\$
Late Registration Fee (add \$50 if registering after Thursday 23 April 2009)	\$
GRAND TOTAL	\$

Payment Method:

- Cheque: Please make cheques payable to the 'ACCS Conference'
 Credit Cards: Please debit my card with the amount owing on this form.
 Mastercard
 Visa

Card Number: _____ Expiry Date: _____
 Cardholders Name: _____ Cardholders Signature: _____

Please note debits to your credit card will appear on your statement as "International Conferences & Events (ICE) Aust P/L".

Accommodation

Hilton Hotel – 5 ?	<input type="checkbox"/> Deluxe Room (including breakfast)	\$299.00
Novotel Hotel Darling Harbour – 4.5 ?	<input type="checkbox"/> Pyrmont View Room	\$249.00
	<input type="checkbox"/> Harbour View Room	\$279.00
	<input type="checkbox"/> Queen <input type="checkbox"/> Twin (please indicate preference)	
Mercure Sydney – 4 ?	<input type="checkbox"/> City View Room (including complimentary Light Rail pass)	\$145.00
	<input type="checkbox"/> Double <input type="checkbox"/> Twin (please indicate preference)	

Date of Arrival: _____ Date of Departure: _____ Number of nights: _____
 Est Time of Arrival _____ Est Time of Departure _____
 Sharing with (name/s) – if applicable: _____

Special Requirements

Please list any special requirements, i.e. non-smoking room, etc.

Credit Card for Accommodation Booking:

Credit Card details must be given as security on the booking (please see accommodation section of the registration brochure)

- Mastercard
 Visa
 American Express
 Diners

Card Number: _____ Expiry Date: _____
 Cardholders Name: _____ Cardholders Signature: _____

All registrations and payments should be forwarded to:

ACCS 2009 Conference Secretariat
 C/- International Conferences & Events (ICE) Aust Pty Ltd
 183 Albion Street Surry Hills NSW 2010 AUSTRALIA

OR emailed to: accsconference@iceaustralia.com

OR faxed to: +61 2 9368 1500