



REGISTRATION FORM

Please print clearly and return completed form with payment to:

Conference Secretariat | EECW Pty Ltd | PO Box 749 WEMBLEY WA 6913 or fax to (08) 9389 1499

THIS REGISTRATION FORM IS A TAX INVOICE ABN 82 064 781 568 in the name of EECW Pty Ltd.

Privacy Statement

In registering for this event relevant details may be incorporated into a delegate list for the benefit of all delegates, sponsors, Organising Committee, EECW Pty Ltd and other parties directly related to the Conference. If you do not wish to have your name and contact details provided to the above mentioned parties or for future promotion, please tick this box.

PERSONAL INFORMATION

Surname: _____ Title: _____ First Name: _____

Postal Address: _____

Suburb: _____ State: _____ Country: _____ Post Code: _____

Telephone: () _____ Fax: () _____

Mobile: _____ Email: _____

Name as it should appear on the Name Badge: _____

Dietary & Special Requirements: _____

B. REGISTRATION

Full Registration includes tea breaks and lunches for both days of the Conference, workshop during Conference, name badge, program, delegate bag and opportunity to purchase 1 ticket to the dinner at a discounted price.

Day Registration includes tea breaks and lunch on nominated day only, name badge, program, delegate bag and opportunity to purchase 1 ticket to the dinner at a discounted price.

Registration Type	Early Bird Closes 31/1/2011	Regular From 1/2/2011
Full Registration including workshop	\$260	\$320
Friday Only Registration	\$180	\$180
Saturday Only Registration	\$180	\$180
SUB TOTAL SECTION B:		

C. SCREENERS WORKSHOP (Please indicate ✓)

Friday 8 April, 2011 1:30pm – 4:30pm

Learn about technology and protocols used in other states, refresher training and an opportunity to discuss issues with screeners from other hospital sites across Australia

- Yes I wish to attend the Workshop (*Full Registered Delegate Only*)
- No I do not wish to attend the Workshop (*Full Registered Delegate Only*)
- Workshop Only Registration \$100 per person including afternoon tea

D. CONFERENCE DINNER

Friday 8 April 2011 | Maritime Museum 7.00pm – 11.00pm

	Cost per Person	No. Of Tickets	Total Cost
Delegate Ticket	\$100 p/p		
Additional Tickets	\$120 p/p		
SUB TOTAL SECTION D:			

E. ACCOMMODATION

A specially negotiated conference rate is available to conference delegates. A deposit of one night’s payment for your nominated hotel or credit card details in the guest name is required with registration to secure your booking. Please note your credit card details will be forwarded onto the hotel to secure the booking only, and no monies will be deducted by the Conference Secretariat. The hotel at its discretion may choose to debit your credit card for one night’s accommodation.

Accommodation bookings close **Monday 28 February 2011** all bookings are subject to availability at time of registration.

Hotel Cancellation Policy: 14 days or less to check in date will incur a penalty of one night room charge to the hotel guest ; 7 days or less to check in date guests will incur a penalty of all nights cancelled

CHECK IN DATE ____ / ____ / 2011

CHECK OUT DATE ____ / ____ / 2011

Hotel	Cost (per night)	Room Type (Please ✓)	
Esplanade Hotel Fremantle	\$229	<input type="checkbox"/> Superior Room Single/ Double	<input type="checkbox"/> Superior Room Twin

Smoking Non-smoking Special Requests _____

I have made arrangements to share with _____

Accommodation Booking Guarantee:

Please use credit card detail provided in payment summary (*details will be passed on to nominated hotel*)

SUB TOTAL E \$ _____

PAYMENT SUMMARY

Sub Total Section B: _____

Sub Total Section C: _____

Sub Total Section D: _____

Sub Total Section E: _____

Cancellation Policy
 All registrations will be accepted in good faith. Until 28 February 2011 a refund of the registration fee, less a fee of \$150.00, will be made. From 1 March 2011 no refund is applicable.

Credit Card Payment NB: "EECW" will be shown on your statement for this transaction.
 Please charge \$ _____ to my: MasterCard/ Visa

Cardholders Name: _____

Card Number: _____ Expiry Date: _____

Signature: _____ Date: _____

Cheques Please make cheques payable to: **ANHSC Conference 2011** and forward to: EECW PO Box 749, Wembley WA 6913