

# REGISTRATION FORM



## Section A: Delegate details

Name: \_\_\_\_\_ Practice name: \_\_\_\_\_

Practice address: \_\_\_\_\_

Mobile: \_\_\_\_\_ QI&CPD No: \_\_\_\_\_

Email: \_\_\_\_\_

<input checked="" type="checkbox"/>	<b>Symposium registration fee - \$265.00 per delegate</b> Cost is inclusive of overnight accommodation, breakfast & attendance at symposium dinner *Please note, this fee is not subject to variation	<b>\$265.00</b>
	*Optional CPR refresher – additional \$50.00 per delegate	
	Accompanying partner \$25.00 Cost inclusive of share accommodation & breakfast	
	Accompanying partner attendance at symposium dinner \$125.00	
	Additional cost for accommodation and breakfast per accompanying child - \$50.00 each	
	<b>TOTAL</b>	

## Section C: Conference dinner – 6.30pm Saturday 21 September 2019

I WILL be attending the symposium dinner

I WILL NOT be attending the symposium dinner

Spouse / partner to attend conference dinner (please circle)                      **YES**                      **NO**

Dietary requirements \_\_\_\_\_

## Section D: Payment method

Card no.:

Name on card:

Expiry date:  /       Amount:

Signature: