

REGISTRATION FORM/TAX INVOICE

ALL PRICES INCLUDE GST

Please read through the following information before completing this form:

1. Return completed form with accompanying payment to the Conference Secretariat:
On Q Conference Support, PO Box 3711 WESTON CREEK ACT 2611 or fax to 02 6161 4719 (ABN 93 835 779 670)
2. A separate form must be used for each delegate.
3. Delegates may REGISTER ONLINE (preferred) by accessing the website www.avpc.net.au
4. By submitting your registration you agree to the terms and conditions of the accommodation and standard cancellation policies.
5. Please contact On Q Conference Support if you have any problems - email: medicinesaustralia@onqconferences.com.au, or telephone 02 6288 3998.

SECTION 1: PERSONAL DETAILS

Title: _____ First name: _____ Surname: _____

Position: _____ Organisation: _____

Address: _____ City: _____ State: _____ Postcode: _____

Telephone: _____ Mobile: _____ Fax: _____

Email: _____ Preferred name for badge: _____

Delegate List Consent

Your name, position title, organisation and State or Territory as given in this form (and any subsequent amendment) will be included in the Delegate List produced for the Conference which will be supplied to organising bodies, sponsors, exhibitors and all delegates attending the Conference.

Please tick if you **do not** consent to inclusion of your details on the Delegate List.

SECTION 2: SPECIAL REQUIREMENTS

If you have specific dietary requirements please indicate these below. We will endeavour to cater to your needs. Please note that some special dietary requirements MAY incur an additional expense. You will be informed if this is to be the case for your requests.

Dietary: _____

Mobility: _____

SECTION 3: REGISTRATION FEES

A registration for the Conference includes admission to all conference sessions, morning and afternoon tea, lunch and a delegate pack containing the Conference Handbook. Attendance to the Conference Dinner is also included.

- | | |
|--|---------------|
| <input type="checkbox"/> Earlybird Registration (before Monday 18 April 2011) | \$700 |
| <input type="checkbox"/> Standard Registration (after Monday 18 April 2011) | \$795 |
| <input type="checkbox"/> Student Registration *Full time students only/Please provide proof | \$620 |
| <input type="checkbox"/> Day Registration: Please indicate day/s <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu | \$310 per day |

Total AUD \$ _____

SECTION 4: SOCIAL FUNCTIONS

Icebreaker Function, Monday 20 June 1730-1900 hrs, Dockside Conference Centre

Scheduled directly after the close of the session on Day One, delegates are encouraged to join the fun and network with colleagues for an hour and a half. A small charge of \$10 is applied for this event. Drinks and cocktail food included in the cost. Please indicate attendance by ticking the box and including the cost in the registration total.

YES, I will attend the Icebreaker Function @ \$10 per person

Total AUD \$ _____

Conference Dinner, Wednesday 22 June 1900-2300 hrs, Star Room, above the IMAX Theatre complex, Cockle Bay

Just a short walk along the wharf from the Dockside venue, the Star Room is located high above the bustling IMAX theatre complex with sweeping 180 degree water views of Darling Harbour. While the cost is included in the early bird, standard and student registration categories, delegates MUST indicate attendance otherwise no ticket will be issued for you. Day Delegates must pay to attend

- YES, I will attend the Conference Dinner (cost incl.)
- I would like to buy ___ additional tickets @ \$100 per person
- I DO NOT wish to attend the Conference Dinner

Total AUD \$ _____

SECTION 5: ACCOMMODATION *(Please ensure you read the accommodation refund/cancellation policy below).*

The closest property to the Dockside is Four Points by Sheraton. Please indicate your hotel/room preference by placing 1 and 2 on the lines provided. Every effort will be made to arrange for your first preference. Please note that bookings will only be accepted if a deposit (of one night's stay minimum) is paid OR you confirm provision of your credit card details which may be passed onto the hotel as a holding deposit. Any outstanding balance and incidentals are then to be fixed with the hotel upon check out. Please refer to the website for detailed information on the properties and booking arrangements.

Date In: _____ ETA: _____ Date Out: _____ Smoking Non-Smoking

I will be accompanied by/have arranged to share with: _____

Property	Room Type		Cost p/n	Preference
Four Points by Sheraton 161 Sussex St, Sydney www.fourpoints.com/sydney	City Side View	Room Only	\$220.00	_____
Holiday Inn Darling Harbour 68 Harbour Street, Sydney www.holidayinn.com	Superior Room	Room Only	\$200.00	_____
	Superior Room	Incl. Breakfast x 1 person	\$220.00	_____
	Superior Room	Incl. Breakfast x 2 persons	\$240.00	_____
Oaks Goldsborough Apartments 243 Pyrmont St, Sydney www.oakshotelsresorts.com	Studio Apartment	Room Only (Max 2 persons)	\$167.00	_____
	1-Bedroom Apartment	Room Only	\$188.00	_____

Accommodation Total AUD \$ _____

Please complete the following:

- I will be paying for _____ night(s) and will settle any outstanding balance and incidentals on checkout.
- Please forward my credit card details to the hotel as a holding deposit.

ACCOMMODATION REFUND/CANCELLATION: Any cancellations of accommodation must be made in writing to the Conference Manager by 20 May 2011. Any cancellation made after this date, will be accepted, however the deposit paid **may not be refunded** in all instances. **This is hotel policy.** Please note that if you provide credit card details and cancel after 20 May 2011, the hotel is also entitled to deduct one night's accommodation in lieu.

SECTION 6: PAYMENT SUMMARY

TAX INVOICE (All prices incl. GST)
ABN: 93 835 779 670

Registration Fees AUD\$ _____
Social Functions AUD\$ _____
Accommodation AUD\$ _____
GRAND TOTAL TO PAY AUD\$ _____

Payment:

- Enclosed is my cheque (made payable to On Q Conference Support - Principal Doreen Culliver) ABN 93 835 779 670
- I am faxing my requirements, payment will follow by mail.
- Direct Deposit (EFT) to account details below and please provide faxed confirmation of the deposit:

Account Details: BSB: 06 2912 Account No: 1015 3163 Name: On Q Conference Support

Date of direct deposit: ____ / ____ / ____ Reference Code: _____

- Please charge my credit card. Is this a corporate card? Yes No
- Type of card: AMEX VISA BC MC DINERS

Number on card: ____ / ____ / ____ / ____ Expiry date: ____ / ____

Name of cardholder: _____

Signature of cardholder: _____