

Combined SIG Meeting

"Confident competence: Creating and maintaining our abilities"

Novotel Twin Waters, Sunshine Coast, October 27-29, 2017

REGISTRATION FORM

Invoice/ tax invoice ABN: 82 055 042 852

PERSONAL DETAILS

First name: _____ Surname: _____

Postal address: _____ City/suburb: _____

State: _____ Postcode: _____ Telephone: _____

Email: _____ Dietary requirements: _____

Privacy: Please indicate if you do not wish for your name and state/country being included on the meeting app available to all delegates.

 I do not wish my name to be included.

REGISTRATION FEES

All fees are quoted in Australian dollars inclusive of GST.

 Full registration \$990 Trainee registration \$770 Retired registration \$220

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

OPTIONAL WORKSHOPS

If you wish to participate in a workshop, please indicate your selection below. Please see the website for further information on the workshops: www.anzca.edu.au/events/sig-events

FRIDAY OCTOBER 27

- Workshop 1 - CICO: **9-10.30am** \$110
- Workshop 2 - Mini CRASH: **8.30-1pm** \$154
- Workshop 3 - CICO: **11.30am-1pm** \$110

SATURDAY OCTOBER 28

- Workshop 4 - ANZCA Educator program module:
Concepts in assessment: **3.30-5pm** \$110

SUNDAY OCTOBER 29

- Workshop 5 - ANZCA Educator program module:
Planning effective teaching and learning: **9-10.30am** \$110

SOCIAL FUNCTIONS

Welcome Reception (complimentary for delegates)

 I will be attending the welcome reception I require _____ additional adult ticket/s @ \$77 each

Conference dinner (complimentary for delegates)

 I will be attending the conference dinner I require _____ additional adult ticket/s @ \$165 each

The dinner will take place at the Novotel Twin Waters Resort at Lily's on the lagoon.

PAYMENT DETAILS

Registration fee: \$ _____ Guest tickets : \$ _____ Workshops: \$ _____ Total payment: \$ _____

Conference registration cannot be confirmed until payment is received. Cheque payable to 'ANZCA' in AUD or complete credit card details below.

 Visa Mastercard

Card holder's name (as it appears on the card): _____

Card Number: Expiry date:

Signature: _____

Please return form and payment to:

Hannah Sinclair

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T: +61 3 9093 4989

F: +61 3 9510 6786

E: hsinclair@anzca.edu.au

Please refer to the website for full terms and conditions of registration

www.anzca.edu.au/events/sig-events