

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 (AUD) inclusive of GST.* Full registration \$814 Trainee registration \$682 Retired registration \$220

Registration fee includes meeting registration, lunch, refreshments and farewell drinks.

OPTIONAL WORKSHOPS

If you wish to participate in a workshop, please indicate your selection below.

Please see the website for further details on the workshops: www.anzca.edu.au/events/ace-events

Please note, currently you can only attend one workshop. If more workshops open up before the meeting, you will be notified.

FRIDAY JUNE 15

3.30-5pm

 WORKSHOP 1A **FULL**
Anaphylaxis workshop (\$66)**SATURDAY JUNE 16**

8.30-10.30am

 WORKSHOP 2A **FULL**
CICO workshop (\$110)

9-10.30am

 WORKSHOP 1B
Anaphylaxis workshop (\$66)**SATURDAY JUNE 16**

11am-1pm

 WORKSHOP 2B **FULL**
CICO workshop (\$110)

11am-12.30pm

 WORKSHOP 1C
Anaphylaxis workshop (\$66)**SOCIAL FUNCTIONS****FRIDAY JUNE 15 “Sounds of silence” dinner.** The dinner will take place at the Sound of Silence. I will be attending the conference dinner (\$198) I require _____ additional adults ticket/s (\$198 each)
 I require _____ additional child ticket/s 10-15 years old (\$99 each)**SATURDAY JUNE 16 Farewell cocktail reception (included in registration)** I will be attending the farewell cocktail reception I require _____ additional adults ticket/s (\$88 each)**PAYMENT DETAILS**

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

Conference registration cannot be confirmed until payment is received. Cheques 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:Kirsty O'Connor, ANZCA • t 61 3 8517 5332 • f 61 3 9510 6786 • e koconnor@anzca.edu.au

• 630 St Kilda Rd, Melbourne VIC 3004 AUSTRALIA