

'Everything Airways'

18-20 March 2011 • Hyatt Regency Coolum Resort • Sunshine Coast, Queensland
Australian and New Zealand College of Anaesthetists • Australian Society of Anaesthetists • New Zealand Society of Anaesthetists

Registration Form

Invoice/ Tax Invoice ABN: 82 055 042 852

Section 1 Personal Details

First Name _____ Surname _____

Postal Address _____

State _____ Postcode _____ Country _____ City/Suburb _____

Telephone (_____) _____ Mobile _____

Email _____ Dietary Requirements _____

Privacy: I consent to my name and state/country being included on the Delegate List to be circulated at the meeting: SIGNATURE: _____

Section 2 Registration Fees All fees are quoted in Australian dollars (AUD) inclusive of GST.

Full registration \$750.00 Trainee Registration \$560.00

Friday/Saturday registration (no workshops) \$550

Registration fee includes meeting registration, 3 workshops, Welcome Reception & Conference Dinner.

Section 3 Workshops

If you wish to participate in a workshop/s you must indicate your preference. 3 workshops will be allocated up to the workshop closing date (1 Feb 2011). After this date you will be able to register for any remaining workshops.

Please list your top 6 preferences. You will be allocated your 3 highest preferences first from the available workshops.

Please state the workshop code and title from the list of workshops (workshop times and codes are on the registration brochure)

1. # _____ name _____ 2. # _____ name _____
3. # _____ name _____ 4. # _____ name _____
5. # _____ name _____ 6. # _____ name _____

Section 4 Social Functions Please indicate your attendance at all inclusive functions

Welcome Reception

- I will be attending the welcome reception please circle (**Yes / No**)
- I require _____ additional adult ticket/s @ \$70ea _____

Conference Dinner

- I will be attending the conference dinner please circle (**Yes / No**)
- I require _____ additional adult ticket/s @ \$115ea

The conference dinner and Welcome Reception are **adult only functions*

Section 5 Payment

Registration Fee: \$ _____ Guest Tickets (social functions): \$ _____ Total Payment: \$ _____

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

Please debit my: MasterCard Visa Card No: _____ / _____ / _____ / _____

Expiry Date: ____ / ____ Signature: _____

Card Holders Name (as it appears on the card): _____

Please return form and payment to:

Kirsty O'Connor, ANZCA • f 61 3 9510 6786 • e koconnor@anzca.edu.au • 630 St Kilda Rd, Melbourne VIC 3000

