



TAX INVOICE
 ABN 68 008 784 585

REGISTRATION FORM

DELEGATE INFORMATION

Mr/Mrs/Ms/Dr/Prof First name:

Family name:

Position:

Organisation:

Postal address:

.....

..... City:

Country: Postcode:

Tel [Bus]: First time at ANZHNS: Y / N

Fax [Bus]: Mobile:

Email:

Special needs [dietary / disabled etc]

.....

I DO NOT wish to be included on the published delegate list.

REGISTRATION FEES [All fees inclusive of GST]

	ANZHNS MEMBER	NON-MEMBER
Full Earlybird*	<input type="checkbox"/> A\$990 [\$90 GST]	<input type="checkbox"/> A\$1100 [\$100 GST]
Full General	<input type="checkbox"/> A\$1100 [\$100 GST]	<input type="checkbox"/> A\$1309 [\$119 GST]
One Day Earlybird*	<input type="checkbox"/> A\$440 [\$40 GST]	not applicable
One Day General	<input type="checkbox"/> A\$495 [\$45 GST]	<input type="checkbox"/> A\$495 [\$45 GST]
Other Health Professional - Full Earlybird*	<input type="checkbox"/> A\$572 [\$52 GST]	
Other Health Professional - Full General	<input type="checkbox"/> A\$682 [\$62 GST]	
Other Health Professional - One Day Earlybird*	<input type="checkbox"/> A\$330 [\$30 GST]	
Other Health Professional - One Day General	<input type="checkbox"/> A\$374 [\$34 GST]	
Trainee - Full Earlybird*	<input type="checkbox"/> A\$704 [\$64 GST]	
Trainee - Full General	<input type="checkbox"/> A\$814 [\$74 GST]	
Trainee - One Day Earlybird*	<input type="checkbox"/> A\$330 [\$30 GST]	
Trainee - One Day General	<input type="checkbox"/> A\$374 [\$34 GST]	

One day selection: THURSDAY FRIDAY SATURDAY

* Earlybird fees must be paid before **Friday 26 June 2009**

PRE-CONFERENCE WORKSHOP FEES

Tuesday 4 August 2009

2nd Australian Sialendoscopy Course

CTEC - Clinical Training and Education, UWA, Crawley

- A\$880** [\$80 GST] ENT Specialists
- A\$550** [\$50 GST] Registrars and Trainees
- A\$165** [\$15 GST] Non-dissectors

Wednesday 5 August 2009

Fibre-Optic Endoscopic Evaluation of Swallowing [FEES]

Rottneet Island Room, Esplanade Hotel, Fremantle

- A\$165** [\$15 GST]

Optimising Nutritional Management in the HN Cancer Patient

Carnac Island Room, Esplanade Hotel, Fremantle

- A\$44** [\$4 GST] For registered conference delegates
- A\$66** [\$6 GST] For non-delegates

SOCIAL PROGRAM

Thursday 6 August 2009

WELCOME DRINKS

'Margaret River to Freo' and Poster Viewing - 5.00pm

- Full Delegate [included for all FULL registrations]
- Additional tickets @ A\$55 [\$5 GST] ea x ____

Friday 7 August 2009

CONFERENCE DINNER

Fraser's Restaurant, Kings Park - 7.00pm

- Full Delegate [included for all FULL registrations]
- Additional tickets @ A\$121 [\$11 GST] ea x ____

ACCOMMODATION

HOTEL preference	COST per night	ROOM TYPE
Esplanade Hotel	<input type="checkbox"/> A\$225	single
	<input type="checkbox"/> A\$225	double / twin
Harbour Village Quest	<input type="checkbox"/> A\$250	1 bedroom
	<input type="checkbox"/> A\$285	2 bedroom
	<input type="checkbox"/> A\$380	3 bedroom
Trade Winds Hotel	<input type="checkbox"/> A\$195	single
	<input type="checkbox"/> A\$195	double / twin

My second preference is:

I request: SMOKING NON-SMOKING

Check-in date: Check-out date:.....

I will be sharing with:

No. of nights:..... Deposit paid:

- I understand that an accommodation deposit of one night will be charged to my credit card. I also give permission for my card details to be provided to my selected hotel as a booking guarantee.

Other Health Professional and Trainees: Registration at concessional rates is available to medical trainees, nursing staff, speech therapists, technologists and students. To qualify, applicants must be working as a resident, registrar, fellow, nurse, speech therapist, technologist or be a fulltime student. Support documentation confirming your current professional status must accompany the registration form.



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TO ASSIST WITH OUR RECORDS

To assist with future planning of the ANZHNS Conferences, please indicate below which professional area you are from.

- Dietician
- Doctor Specialty
- Fulltime student Area of study
- Medical Trainee Area of practice
- Nursing Staff Area of practice
- Oncologist
- Pharmacist
- Radiation Oncologist
- Radiographer
- Registrar Specialty
- Speech Pathologist
- Surgeon Specialty
- Technologist Area of practice
- Other Details

DOMESTIC TRAVEL

Corporate Travel Management [CTM] offer their services to the ANZHNS 2009 Conference. CTM offers the 'best internet & special fares' available on Qantas, Jetstar and Virgin Blue. CTM will advise you of the the best fare availability and conditions of purchase at the time of making your booking. A service fee applies. Contact CTM and quote the conference code: **ANZHNS2009**

Monday to Friday: 9am – 5pm [QLD time] Phone: 1800 630 866 or email: groups@travelctm.com.

CME/CPD POINTS

Attendance at the Conference will attract CME/CPD points. Information will be available at the Registration Desk.

Cancellation policy: Registration cancellations must be made in writing to the conference secretariat, Promaco Conventions. Cancellations received prior to Friday 10 July 2009 will incur a penalty fee of A\$132. No refunds will be made for cancellations made after 10 July 2009. Your registration may be transferred to another person within your organisation. Promaco Conventions must be advised of the transfer not later than 48 hours prior to the commencement of the conference.

PLEASE NOTE: The Registration Form is recognised by the Australian Taxation Office as a compliant TAX INVOICE and you should keep a copy of your completed form. Once payment has been processed, a receipt and confirmation letter will be sent to the person named in the delegate information section. The tax invoice/form and receipt is required by the ATO to reclaim the GST and should be passed to the appropriate person in your organisation. Reprints for tax invoice/forms and receipts, will be subject to a A\$22 administration fee.

PAYMENT DETAILS		COST	OFFICE
REGISTRATION FEE [includes GST]
PRE-CONFERENCE WORKSHOPS [includes GST]
SOCIAL PROGRAM [includes GST]
ACCOMMODATION [GST to be confirmed by hotel]
TOTAL *[will be plus 3% bank fee if applicable]

TO MAKE PAYMENT BY CHEQUE:
 Please make **CHEQUE** in AUSTRALIAN DOLLARS
Payable to: Promaco Conventions Pty Ltd **ABN** 68 008 784 585
Address: PO Box 890, Canning Bridge WESTERNAUSTRALIA 6153
Phone: +61 8 9332 2900 **Fax:** +61 8 9332 2911
Email: promaco@promaco.com.au

TO MAKE PAYMENT BY EFT:
Account name: Promaco Conventions Pty Ltd
BSB: 306 107 **ACCOUNT NO.** 521 958 7
BANK: Bankwest **BRANCH:** Adelaide Terrace, Perth
REFERENCE: ANZHNS09 and YOUR Last name / First name.
 Please **Email** [promaco@promaco.com.au] or **Fax** [08 9332 2911] confirmation details to Promaco on day of transaction.

TO MAKE PAYMENT BY CREDIT CARD*
 [*A 3% Bank Fee will be charged on the total amount paid by credit card]
 MASTERCARD VISA AMEX
 Cardholder [please print]
 Expiry date Signature: