



FOR MORE THAN ONE DELEGATE PLEASE PHOTOCOPY
IT IS RECOMMENDED THAT YOU KEEP A COPY OF THIS
REGISTRATION FORM

Registration Form

Delegate Details

Title: _____ First Name: _____ Surname: _____

Prof/Dr/Mr/Ms/Mrs

Organisation: _____

Position: _____

Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone: _____ Facsimile: _____ Mobile: _____

Email: _____

Name for Badge: _____

Privacy Disclosure

I DO NOT consent to my name to being included in the Participation List

Throughout the conference photos will be taken for promotional reasons, if you don't wish to have your photo taken please contact Annette Davis, Primary Health Care Support Officer (08) 8638 4693

Abstract Submission

I HAVE submitted an abstract

Registration Fees

FULL REGISTRATION

Early (payment received by 28 September 2007) \$330.00

Standard \$385.00

DAY REGISTRATION

Early (payment received by 28 September 2007) \$175.00

Standard \$202.00

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Social Functions

One ticket to each of the following functions is included in the full Conference registration fee, however will be an extra cost to day only registrations. Please confirm if you will be attending by placing a tick in the appropriate box.

Pre Conference Reception (Tuesday 13 November 2007)

I WILL be attending (cost included in full registration) \$11.00

Conference Dinner (Wednesday 14 November 2007)

I WILL be attending (cost included in full registration) \$67.00

