

## REGISTRATION FORM

Please print clearly and keep a photocopy of this form for your records. The information below will be reproduced in the delegate list at the Conference and will be used for all mailings. Please complete the form and return to Conference secretariat via fax: +61 2 4973 6609 or email: [acemws@willorganise.com.au](mailto:acemws@willorganise.com.au)

### A: DELEGATE DETAILS

Title: (A/Prof, Prof, Dr, Mr, Mrs, Ms etc) \_\_\_\_\_

Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Organisation: \_\_\_\_\_

Position: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Tel: (.....) \_\_\_\_\_ Mobile: (.....) \_\_\_\_\_

Email: \_\_\_\_\_

Special Needs (dietary, access etc): \_\_\_\_\_

If you do not want your details included in the delegate list on site, please tick here

### ACCOMPANYING PERSON

Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Special needs (dietary, access etc): \_\_\_\_\_

### B: REGISTRATION FEES (Inc GST) Please Circle

All fees include GST	<b>Early bird Fee</b> On or before 12 April 2015	<b>Standard Fee</b> On or before 14 June 2015	<b>Late Fee</b> After 14 June 2015
Full time Fellow	\$1350	\$1450	\$1550
Fulltime Trainee/Other	\$950	\$1020	\$1150
Fulltime Student/Nurse/Paramedic	\$330	\$380	\$430
Day Fellow*	\$750	\$850	\$950
Day Trainee/Other*	\$450	\$500	\$550
Day Student/Nurse/Paramedic*	\$250	\$300	\$350

\*Please indicate (circle) which day you will be attending: **MONDAY** **TUESDAY**

**B. Sub-Total Registration Fee: A\$**

### C: SOCIAL FUNCTIONS ADDITIONAL TICKETS

	<b>Sunday 26 July</b>	<b>Tuesday 28 July</b>
Welcome Reception	\$70.00	
Conference Dinner		\$155.00

**C. Sub-Total Social Functions: A\$**

**D: PRE CONFERENCE TOURS AND OPTIONAL ACTIVITIES**

	<b>Saturday 25 &amp; Sunday 26 July</b>	<b>Sunday 26 July</b>	<b>Monday 27 July</b>	<b>Tuesday 28 July</b>	<b>Wednesday 29 July</b>
Uluru Overnight stay*	\$490.00 per person x ___				
Hot Air Ballooning					\$313.00 per person x ___
Camel Safari		\$60.00 adult x ___ \$30.00 child x ___		\$60.00 adult x ___ \$30.00 child x ___	
Desert Park		\$42.00 adult x ___ \$22.50 child x ___	\$42.00 adult x ___ \$22.50 child x ___	\$42.00 adult x ___ \$22.50 child x ___	
Mountain Bike Riding		\$130.00 adult x ___	\$130.00 adult x ___	\$130.00 adult x ___	
Standley Chasm		\$110.00 adult x ___			
West MacDonnell Ranges Bus Trip		\$140.00 adult x ___	\$140.00 adult x ___		
Simpsons Gap & Mbantua Starlight Bus Dinner			\$120.00 adult x ___		

\*Minimum number apply, if minimum numbers are not achieved the tour may still go ahead but the rate will be adjusted accordingly.

**D. Sub-Total Tours and Optional Activities: A\$**

**E: WORKSHOPS**

	<b>Sunday 26 July</b>	<b>Monday 27 July</b>	<b>Tuesday 28 July</b>
Mini-CART	\$150.00		
Cultural awareness	\$130.00		
Paediatric critical care workshop	\$150.00		
Mentoring	\$20.00		
Ophthalmology		\$20.00	
Cultural Competency		\$50.00	
Fellowship exam		\$0.00	
Arrernte Traditional Healing		\$150.00	
Juggling		\$0.00	
The art of performance in medicine			\$0.00

**E. Sub-Total Workshops: A\$**

How many Winter Symposiums have you attended in the past: \_\_\_\_\_

What are the reasons you are attending the 2015 Winter Symposium: \_\_\_\_\_

Please indicate (circle) if you are planning on bringing your children to the conference and are interested in child minding facilities for the conference dinner and/or afternoon activities: YES NO

**F: ACCOMMODATION**

I do not require the secretariat to book accommodation for me.

Hotel	Room Type	Cost per room per night	Check in date	Check out date	TOTAL
Lasseters	Standard Room	\$130.00			\$
	Deluxe Room	\$150.00			\$
	Premium Room	\$180.00			\$
Alice In The Territory	Queen Room	\$90.00			

All rates include GST. Credit card guarantee must be given to secure your booking.

I wish to share my room with: .....

Please Note – the Conference secretariat does NOT arrange shared accommodation – if you wish to share you must find someone to share with

MasterCard       Visa

Credit Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signed: \_\_\_\_\_

*Credit card details will be passed onto the hotel to secure your booking. No charges will be made to the card, unless you fail to arrive on the nominated date.*

**E: PAYMENT**

Section B	Registration Fees	\$
Section C	Social Functions	\$
Section D	Tours and Optional Activities	\$
Section E	Workshops	\$
<b>TOTAL</b>		<b>A\$</b>

I have read and agree to all the terms and conditions outlined on the event website

Please find enclosed cheque/money order payable to the ACEM WS

OR

Please charge the total amount to the following credit card (Visa or MasterCard)

MasterCard       Visa

Credit Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

CCV: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_