

# REGISTRATION FORM

RSVP to Margot Roberts by Friday 14 July 2017

Fax: 8293 9349

Email: mroberts@saheart.com.au

## Section A: Delegate details

Name: \_\_\_\_\_

Practice name: \_\_\_\_\_

Practice address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

QI&CPD No: \_\_\_\_\_ Email: \_\_\_\_\_

## Section B: Accommodation requirements. Please note that accommodation is limited and is subject to availability

Accommodation **NOT** required

Accommodation required

Studio suite

Two bedroom suite

(up to 2 adults & 2 children under 15yrs)

Accompanying spouse / partner's name: \_\_\_\_\_

Accompanying children's names and ages:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

|                                     |  |                 |
|-------------------------------------|--|-----------------|
| <input checked="" type="checkbox"/> | <b>Symposium registration fee - \$250.00 per delegate</b><br>Includes: Symposium cost, overnight accommodation including breakfast, attendance at symposium dinner | <b>\$250.00</b> |
| <input type="checkbox"/>            | *Optional CPR refresher – additional \$50.00 per delegate  |                 |
| <input type="checkbox"/>            | Accompanying partner \$140.00<br>Includes: Accommodation including breakfast, attendance at symposium dinner   |                 |
| <input type="checkbox"/>            | Additional cost for accommodation and breakfast per accompanying child - \$45.00 each  |                 |
| <input type="checkbox"/>            | <b>TOTAL</b>   |                 |

## Section C: Conference dinner – 6.30pm Saturday 5 August 2017

I WILL be attending the symposium dinner

I WILL NOT be attending the symposium dinner

Spouse / partner to attend conference dinner (please circle) **YES** **NO**

Dietary requirements \_\_\_\_\_

Use of child care facilities during conference dinner (Please circle) **YES** **NO**

## Section D: Payment method

I enclose a cheque for \$ \_\_\_\_\_ (Please make cheques payable to SA Heart Centre Pty. Ltd.)

Credit card payment – please circle

**Visa**

**Mastercard**

Card no.:

Name on card:

Expiry date:  /  Amount:

Signature: