

REGISTRATION FORM



Australian Society of Otolaryngology Head and Neck Surgery Scientific Meeting 2008

Please print clearly and return completed form with payment to:

ASOHNS 2008 Scientific Meeting Secretariat, PO Box 749, Wembley, WA 6913. Or fax to +61 (08) 9389 1499

Privacy Statement: The Privacy Act 2001 provides that, before your personal details can be published, and may be made available to parties directly related to the event including ASOHNS, the Conference sponsors, exhibitors, in the published list of delegates, EECW Pty Ltd and other parties directly related to the Conference, you must give your consent. If you do not consent to your details being provided in the above mentioned please tick this box. If you do not tick this box we confirm that you consent.

THIS REGISTRATION FORM IS A TAX INVOICE ABN 50 002 977 102. PLEASE KEEP A COPY FOR YOUR RECORDS

For Office Use Only
Ref No:
Date Received:
C/C Approval:
Completed by:
Date:

1. Delegate Information Please print clearly in block capitals

Title (Prof/Dr/Mr/Ms/Miss) Family Name.....

Given Names Preferred Name for Badge.....

Organisation..... Position.....

Postal Address.....

Suburb..... State..... Post Code.....

Telephone: () Fax: () Mobile:.....

Email:

Partner's Full Name & Preferred Badge Name:

Special Requirements (dietary or otherwise)

2. Delegate Registration

TYPE OF REGISTRATION	EARLY BIRD (CLOSES 18/01/08)	REGULAR (19/01/08 – 02/03/08)	LATE (AFTER 02/03/08)
Full Registration Non-Member	<input type="checkbox"/> \$1430	<input type="checkbox"/> \$1540	<input type="checkbox"/> \$1650
Full Registration ASOHNS Member	<input type="checkbox"/> \$1210	<input type="checkbox"/> \$1320	<input type="checkbox"/> \$1430
Full Registration Trainee	<input type="checkbox"/> \$825	<input type="checkbox"/> \$935	<input type="checkbox"/> \$1045
Scientists & Research Staff*	<input type="checkbox"/> \$550	<input type="checkbox"/> \$660	<input type="checkbox"/> \$770
Day (Please tick) <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	<input type="checkbox"/> \$440	<input type="checkbox"/> \$495	<input type="checkbox"/> \$550

(All prices are in Australian dollars and include GST)

SUBTOTAL SECTION 2 \$ _____

*Please note that upon registration, Scientists & Research Staff are required to provide a letter from their research department, verifying their role and research activities.

3. Affiliated Courses

WORKSHOP	DATE	DISSECTOR	NON-DISSECTOR
Sialendoscopy Course	8 April	<input type="checkbox"/> ENT Specialist \$550	<input type="checkbox"/> Non-Dissector \$165
		<input type="checkbox"/> Registrar/Trainee \$385	
Nasal Reconstruction Dissection Course	11 & 12 April	<input type="checkbox"/> Non-Member \$1200	<input type="checkbox"/> Non-Member \$600
		<input type="checkbox"/> Member \$900	
Surgery of the Ear & Temporal Bone Workshop	12 & 13 April	<input type="checkbox"/> Dissector \$1320	<input type="checkbox"/> Non-Dissector \$550

SUBTOTAL SECTION 3 \$ _____

4. Social Functions & Breakfast Sessions

FUNCTION	TYPE	COST PER PERSON	WILL YOU BE ATTENDING?	NO OF TICKETS	TOTAL COST
Welcome Reception	Full Registration	Nil	<input type="checkbox"/> Yes <input type="checkbox"/> No	1	Nil
	Additional Tickets	\$77		\$
Wine & Cheese Tasting - Posters	Full Registration	Nil	<input type="checkbox"/> Yes <input type="checkbox"/> No	1	Nil
"Breakfast with Stanford" - Thursday	Full Registration	Nil	<input type="checkbox"/> Yes <input type="checkbox"/> No	1	Nil
Gala Dinner	Full Registration	Nil	<input type="checkbox"/> Yes <input type="checkbox"/> No	1	Nil
	Additional Tickets	\$165		\$
"Breakfast with Stanford" - Friday	Full Registration	Nil	<input type="checkbox"/> Yes <input type="checkbox"/> No	1	Nil

SUBTOTAL SECTION 4 \$ _____

REGISTRATION FORM continued



5. Accommodation

Please indicate your first 3 preferences for accommodation.

Number of Nights: _____

Check IN: / /07 ETA: _____

Check OUT: / /07

A deposit of one night's payment for your nominated hotel or your credit card details are required with registration to secure your booking.

HOTEL	(\$ PER NIGHT)	PREFERENCE (1-3)	ROOM TYPE (PLEASE TICK)
Sheraton Perth Hotel	\$215	<input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Twin
Chifley on the Terrace	\$225	<input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Twin
Saville Park Suites	\$235	<input type="checkbox"/> One Bedroom
	\$280	<input type="checkbox"/> Two Bedroom, Two Bathroom
Novotel Langley	\$245	<input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Twin
Duxton Hotel	\$264	<input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Twin

SUBTOTAL SECTION 5 \$ _____

Please use my credit card to secure my accommodation booking as outlined in the Payment Details Section

If sharing or accompanied by another person in a Twin/Double room please advise name

6. Optional Tours & Activities

TOUR	DATE	COST P/PERSON	No. OF TICKETS	TOTAL
Doc's Proplugs ASOHNS Golf Day	Tuesday 8 April 2008	\$77	\$
Wine, Cheese & Chocolate Indulgence Tour	Wednesday 9 April 2008	\$80	\$
Linneys Opulent Jewellery Tour	Thursday 10 April 2008	\$65	\$
Aquarium, Kangaroo & Koala Experience	Thursday 10 April 2008	\$80	\$
Cruise Perth City & Fremantle	Friday 11 April 2008	\$79	\$

SUBTOTAL SECTION 6 \$ _____

7. Payment Summary

Section 2. Delegate Registration \$.....

Section 3. Affiliated Courses \$.....

Section 4. Social Functions & Breakfast Sessions \$.....

Section 5. Accommodation \$..... (Section 5 not applicable if providing credit card details)

Section 6. Optional Tours & Activities \$.....

Total Payable \$ _____

Payment Details

Please send me a tax invoice to make payment

Credit Card Payment Please charge \$ _____ to my: MasterCard Visa

Card Number: _____ Expiry date: ____/____/____

Cardholder's Name:..... Signature:.....

Cheque Please make Cheques payable to 'EECW in trust for ASOHNS ASM' and forward to: EECW Pty Ltd, PO Box 749, WEMBLEY WA 6913

I understand and accept the conditions of the cancellation policy (refer to page 11 of registration brochure)

Signature: Date:.....

A Tax Invoice will be issued upon receipt of your registration payment; this is to be given to your accounts department. Please keep a copy of this registration form for your GST records. Should you require the Tax Invoice to be sent to a different party, please advise in writing the name of that party at the time of submitting this registration form. Confirmation of your registration will be sent to you by email.