

NAPping in the sun

SUNSHINE COAST HOSPITAL & NOVOTEL TWIN WATERS, SUNSHINE COAST

REGISTRATION FORM INVOICE/ TAX INVOICE ABN: 82 055 042 852

PERSONAL DETAILS

First name _____ Surname _____
 Postal address _____ City/suburb _____
 State _____ Postcode _____ Telephone _____
 Email _____ Dietary requirements _____

Privacy: Please indicate if you do not wish for your name and state/country being included on the meeting app available to all delegates.
 I do not wish my name to be included.

REGISTRATION FEES

All fees are quoted in Australian dollars (AUD) inclusive of GST.

Includes meeting registration, lunch, refreshments and the welcome reception.

Saturday September 15 - ANZAAG Symposium registration

\$528 Full registration \$396 Trainee/Allied Health registration \$187 Retired registration

ASSOCIATED EVENTS

Friday September 14

OPTIONAL WORKSHOP *(Please note the cost to attend the workshop is an additional charge)*

Anaesthetic crisis management Workshops *(8am-midday and 1-4pm)*

The workshop will be repeated twice on Friday and will take place at Sunshine Coast Hospital. Bus transfers will be provided from Novotel Twin Waters. Refreshments and lunch will also be provided. The workshop will satisfy the ANZCA CPD Program requirements for emergency response: anaphylaxis.

Please tick your preferred workshop time below. Please note that places are limited.

~~8am-midday Workshop \$330~~ **SOLD OUT** ~~1-4pm Workshop \$330~~ **SOLD OUT**

Sunday September 16

*ANZAAG members only

\$44 The long breakfast, ANZAAG AGM and Open forum

SOCIAL FUNCTIONS

Please indicate your attendance.

WELCOME RECEPTION - Friday September 14 (inclusive)

I will be attending the Welcome Reception

CONFERENCE DINNER – Saturday September 16 at The Loose Goose, 3/175 Ocean Drive, Twin Waters

(Note: the cost to attend the conference dinner is an additional charge)

I require _____ adult ticket/s @ \$132 each

PAYMENT OPTIONS

Registration fees \$ _____ Workshop \$ _____ Sunday session* \$ _____ Dinner tickets \$ _____ Total payment \$ _____

Meeting registration cannot be confirmed until payment is received. Cheques payable to 'ANZCA' in AUD or complete credit card details below.

Cardholder's name _____

Visa card Master Card

Card number Expiry Date

SIGNATURE _____

Please return form and payment to:
 Sarah Chezan • ANZCA 630 St Kilda Road, Melbourne VIC 3004
 T: +61 3 9093 4982 • schezan@anzca.edu.au

