



REGISTRATION FORM

AUSTRALASIAN MILITARY MEDICINE ASSOCIATION CONFERENCE 2015

TAX INVOICE ABN: 81 485 060 729

Please complete and return with payment* to:

Australasian Military Medicine Association
113 Harrington Street HOBART TAS 7000
Fax: (03) 6234 5958

DELEGATE DETAILS

RACGP NO: _____

ACRRM NO: _____

Title/Rank: _____

Organisation: _____

Given Name: _____

Surname: _____

Postal Address: _____

Suburb: _____

State: _____ Post Code: _____

Country (if not Australia): _____

Business Telephone: _____

Mobile: _____

Facsimile: _____

Email: _____

Special Requirements Dietary: _____

Special Requirements Access: _____

If registering as a Student please supply

Student No: _____

Name of University: _____

PRIVACY CLAUSE

Attendee names will be added to a list of name and organisation details for general distribution to other delegates. If you do not want your name to appear on this list please indicate below.

☐ I do not wish to have my name and contact details on the delegate list

ACCOMPANYING PERSON

Accompanying Person Name: _____

Special Requirements (dietary/access): _____

REGISTRATION

(please indicate which cost/ type of registration applies)

Early Bird Rates before 14 August 2015

Registration Fees

Full Registration	Early Bird	Standard
☐ Member	\$850 ☐	\$950 ☐
☐ Non Member	\$970 ☐	\$1100 ☐
☐ Student Member	\$695 ☐	\$775 ☐
☐ Student Non Member	\$775 ☐	\$855 ☐
☐ Retired Member	\$695 ☐	\$775 ☐

Full Registration	Early Bird	Standard
☐ Member	\$375 ☐	\$425 ☐
☐ Non Member	\$425 ☐	\$475 ☐
☐ Student Member	\$250 ☐	\$300 ☐
☐ Student Non Member	\$300 ☐	\$350 ☐
☐ Retired Member	\$250 ☐	\$300 ☐

Day Registrants:

Please indicate which day(s) you are attending:

☐ Friday ☐ Saturday ☐ Sunday

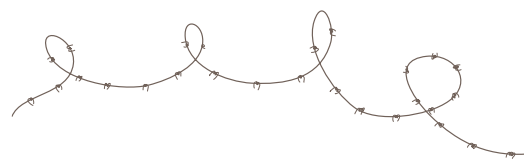
If you have been accepted as a speaker at the conference you are entitled to Early Bird rates

SPEAKER

☐ Full Registration	\$850
☐ Student Full Registration	\$695
☐ Day Registration	\$375
☐ Student Day Registration	\$250

Speaker Day Registrants: Please indicate which day you are presenting:

☐ Friday ☐ Saturday ☐ Sunday





REGISTRATION FORM

AUSTRALASIAN MILITARY
MEDICINE ASSOCIATION
CONFERENCE 2015

ENTITLEMENTS

Full Registration for members and non-members includes attendance at all sessions during days of Friday 9 - Sunday 11 October 2015. Full registration also includes; one set of Conference proceedings, satchel, name badge, lunch, morning and afternoon refreshments and entry to the Conference Welcome Reception & Conference Dinner. You will have an opportunity later in the form to purchase additional tickets to the social functions.

Day Registration includes attendance at sessions on the nominated day of attendance, one set of Conference proceedings, satchel, name badge, lunch, morning and afternoon refreshments on the day of attendance. Day registration does not include any of the social program functions. Tickets to attend any of the social functions need to be purchased separately.

- ☐ I am attending the Conference Welcome Reception on Friday 9 October
- ☐ I am attending the Conference Dinner on Saturday 10 October

SOCIAL PROGRAM OPTIONS

Additional places for Social Activities are available for day delegates, partners or friends, please indicate in the box how many additional tickets you require for:

- ☐ Welcome Function - \$80
- ☐ Conference Dinner - \$190

Includes the purchase of _____
ADDITIONAL Conference dinner guests

Includes the purchase of _____
ADDITIONAL Welcome reception guests

AMMA AVIATION MEDICINE WORKSHOP

To be held on Thursday 8 October 2015, at the Hotel Grand Chancellor

- ☐ AMMA Members - \$375
- ☐ Non Members - \$425

METHOD OF PAYMENT

☐ **Credit Card**

☐ Visa ☐ MasterCard

Card Number: / /

Expiry Date: /

Cardholder Name: _____

Cardholder Signature: _____

☐ **Cheque**

Made to Australasian Military Medicine Association

☐ **Direct Deposit**

Bank: Australian Defence Force Credit Union
Account Name: Australian Military Medicine Association
BSB: 642 170
Account Number: 100173591
Swift: CUSCAU2SXXX642170

TOTAL FEES PAYABLE: \$ _____

When making payment please use a reference number that specifies Conference payment (CF-15) in addition to your last name. Please fax remittance to 03 6234 5958 or email mary@leishman-associates.com.au

ACCOMMODATION

A credit card number is required to secure your booking, please provide details of this card below. Leishman Associates will not deduct any funds from this card for accommodation. The number is supplied to the hotel to secure the room only and will be deducted on departure. For more information on accommodation, please see the AMMA website www.amma.asn.au/amma2015

Name of Hotel: _____

Room Type: _____

Arrival Day and Date: _____

Departure Day and Date: _____

Name of person sharing with (if applicable): _____

Accommodation Credit Card Payment

☐ Visa ☐ MasterCard

Card Number: / /

Expiry Date: /

Cardholder Name: _____

Cardholder Signature: _____

In the interests of reducing the Conference impact on the environment it would be appreciated if you could register online at www.amma.asn.au. If you wish to fax the registration form, please print the registration form only.

