

Registration Form/Tax Invoice - Women's Health 19th Annual Conference

Women's Health Conference, 24-25 February 2012, Sheraton Mirage, Gold Coast, QLD

Women's Health Education and Research Society Inc. ABN 35 697 273 325

Delegate Details

Title	<input type="text"/>	First Name	<input type="text"/>	Telephone	<input type="text"/>
Surname	<input type="text"/>			Facsimile	<input type="text"/>
Name on Badge	<input type="text"/>			Email	<input type="text"/>
Address for Confirmation letter	<input type="text"/>			RACGP QA + CE Number	<input type="text"/>
<input type="text"/>	<input type="text"/>			Special Requirements	<input type="text"/>
<input type="text"/>	<input type="text"/>			(please note any special dietary, medical or other requirements)	<input type="text"/>
<input type="text"/>	Postcode			<input type="text"/>	<input type="text"/>

Section A : Registration Fees

Full Registration			
Early	\$520 before 13 January 2012	\$	<input type="text"/>
Late	\$580 after 13 January 2012	\$	<input type="text"/>
Day Registration			
Friday 24 February	\$300	\$	<input type="text"/>
Saturday 25 February	\$300	\$	<input type="text"/>
TOTAL		\$	<input type="text"/>

Section B : Optional Tickets (Continued ...)

Full Guest Registration		
<input type="text"/>	x Adult \$180 each	\$ <input type="text"/>
Note: Children's (4-12) Meals are half price		
TOTAL		\$ <input type="text"/>

Section C : Accommodation

SHERATON MIRAGE - see www.whers.com.au (NO Deposit can be accepted with this form)

PALAZZO VERSACE - see www.whers.com.au to download a RESERVATION REQUEST FORM. (NO Deposit can be accepted with this form)

Section B : Optional Tickets

Lunch Friday 24 February		
<input type="text"/>	x Adult \$50 each	\$ <input type="text"/>
Canapes and Drinks Friday 24 February		
<input type="text"/>	x Adult \$30 each	\$ <input type="text"/>
Lunch Saturday 25 February		
<input type="text"/>	x Adult \$50 each	\$ <input type="text"/>

Payment (all above quoted on this form are inclusive of GST) - PAYMENT OPTION - refer to www.whers.com.au for on-line registration

Please make cheques payable to WHERS, PO Box 1586 Carindale Qld 4152. T: 07 3420 4771 F: 07 3849 7771

Total	Section A	\$ <input type="text"/>	I wish to pay by:	Cheque <input type="checkbox"/>	Visa <input type="checkbox"/>	Mastercard <input type="checkbox"/>
	Section B	\$ <input type="text"/>	Card Number	<input type="text"/>		
			Cardholder's Name	<input type="text"/>		
TOTAL		\$ <input type="text"/>	Signature	<input type="text"/>	Expiry Date	<input type="text"/> / <input type="text"/>

Please keep a photocopy of this form for your records. NO receipt will be sent out unless a special request is made.

Registration Cancellations

Registration cancellations made after 13 January 2012 will be refunded less \$80 for administration costs.