

ANZBMS 2004 ASM REGISTRATION FORM / TAX INVOICE

Australian & New Zealand Bone & Mineral Society 2004
ASM ABN 90 235 783 539

Received: _____

Reg. No. _____

ALL FIGURES ARE IN AUSTRALIAN DOLLARS AND INCLUDE 10% GST.

SECTION A: DELEGATE

Title: _____ Given Name: _____ Surname: _____

Organisation: _____

Organisation Address: _____

Suburb: _____ State: _____ Country: _____ Postcode: _____

Telephone: () _____ Facsimile: () _____

Email: _____

Accompanying Person: _____

SECTION B: REGISTRATION FEES

	Before 14 May 2004	After 14 May 2004	Payment
Member	\$385.00	\$465.00	\$ _____
Non-Member	\$495.00	\$565.00	\$ _____
Student Member	\$165.00	\$225.00	\$ _____
Student Non-Member	\$215.00	\$275.00	\$ _____
Clinicians Package	\$200.00	\$250.00	\$ _____
One Day	\$195.00	\$215.00	\$ _____
Please tick day of attendance for one day delegates	<input type="checkbox"/> Wed, 18 Aug	<input type="checkbox"/> Thur, 19 Aug	<input type="checkbox"/> Fri, 20 Aug

TOTAL REGISTRATION FEES \$ _____

SECTION C: ACCOMMODATION

Date of arrival: ____ / 8 / 2004 Date of departure: ____ / 8 / 2004

Room type: Please tick (✓) Single Double Twin

Smoking room Non-smoking room Sharing With _____

Frequent Flyer card: Please tick (✓) Qantas Membership No. _____

Hotel		Rate per night	Preference	Payment
Satellite Meetings	Stamford Sydney Airport	- single occupancy	_____	\$ _____
		- double/twin occupancy	_____	\$ _____
ASM	Cypress Lakes Resort	- single occupancy	_____	\$ _____
		- twin occupancy	_____	\$ _____
		- triple occupancy	_____	\$ _____
	Hunter Valley Gardens	- single/double/twin room	_____	\$ _____
	Harrigan's Irish Pub	- single/double/twin room	_____	\$ _____

TOTAL ACCOMMODATION \$ _____

SECTION D: SOCIAL EVENTS

Date	Event	Cost	No. of tickets	Payment
18 Aug	Welcome Reception - Full Delegate	N/A	Please tick (✓) box	Attending <input type="checkbox"/> Yes or <input type="checkbox"/> No
	- Guest	\$50.00	_____	\$ _____
19 Aug	Fun Run		<input type="checkbox"/> I am interested in participating	
19 Aug	Gala Dinner - Full Delegate	N/A	Please tick (✓) box	Attending <input type="checkbox"/> Yes or <input type="checkbox"/> No
	- Guest	\$90.00	_____	\$ _____
TOTAL SOCIAL EVENTS				\$ _____

SECTION E: SATELLITE MEETINGS

Date	Meeting	Cost	No. of tickets	Payment
14/15 Aug	International Society for Clinical Densitometry		<input type="checkbox"/> Please provide me with further details	
16/17 Aug	Paediatric Bone Symposium	\$140.00 (1 day)	_____	\$ _____
		\$200.00 (1½ days)	_____	\$ _____
16 Aug	ANZBMS/Osteoporosis Australia	\$99.00	_____	\$ _____
TOTAL SATELLITE MEETINGS				\$ _____

SECTION F: COACH TRANSFERS

Transfer	Pick up	Date	Time	Cost	No. of tickets	Payment
Sydney/Hunter Valley	(domestic airport)	Tues, 17 Aug	1400 hours	\$33.00	_____	\$ _____
	(domestic airport)	Tues, 17 Aug	1800 hours	\$33.00	_____	\$ _____
	(Stamford Sydney Airport)	Tues, 17 Aug	1810 hours	\$33.00	_____	\$ _____
	(Sydney University)	Tues, 17 Aug	1840 hours	\$33.00	_____	\$ _____
Hunter Valley/Sydney	(Cypress Lakes)	Fri, 20 Aug	1400 hours	\$33.00	_____	\$ _____
TOTAL COACH TRANSFERS						\$ _____

SECTION G: TOTAL PAYMENT

All cheques and bank drafts must be in Australian Dollars & drawn on an Australian Bank.

Please make payable to **ANZBMS 2004 ASM**.

Payment Section B	Registration Fees	\$ _____
Payment Section C	Accommodation	\$ _____
Payment Section D	Social Events	\$ _____
Payment Section E	Satellite Meetings	\$ _____
Payment Section F	Coach Transfers	\$ _____
TOTAL PAYMENT DUE		\$ _____

SECTION H: CREDIT CARD PAYMENT

Please tick (✓) box: Mastercard Bankcard Visa

Cardholder Name: _____ Expiry Date: ____ / ____ Signature: _____

Card Number:



CONFERENCE ACTION
Shaping Events

Please complete and return to: **ANZBMS 2004 ASM SECRETARIAT**

Conference Action Pty Ltd PO Box 576 (Suite 104, 308 Pacific Highway) CROWS NEST NSW 1585 AUSTRALIA

Telephone: +61 2 9437 9333 Facsimile: +61 2 9901 4586 Email: emma@conferenceaction.com.au

PRIVACY CLAUSE

In registering for this event relevant details will be incorporated into a delegate list (name & organisation only) and may be made available to parties directly related to the event including ANZBMS, Organising Committee, accommodation providers (for the purpose of room bookings only) and key sponsors. This information will also be added to a database for future ANZBMS meetings. I do not wish my details to be added to this database.