

REGISTRATION FORM

→ Registrants are advised to read through the following information before completing the registration form. Those wishing to attend are encouraged to register online at www.conlog.com.au/palliativecare2009. Alternatively please complete this form and return it by post or fax to the address on page 24. Please print clearly. Each registrant must complete a separate form (photocopies are acceptable). All prices are quoted in Australian dollars and include GST. Tax invoices will be issued to all registrants following receipt of the registration form.

Online registration available at www.conlog.com.au/palliativecare2009

STEP 1 PERSONAL DETAILS

TITLE (PROF/DR/MR/MRS/MS/OTHER)		FIRST NAME	

SURNAME/FAMILY NAME			

PREFERRED NAME FOR BADGE			

POSITION			

ORGANISATION			

ADDRESS			

SUBURB/CITY	STATE	COUNTRY	POSTCODE
_____	_____	_____	_____
PHONE (OFFICE)	FAX (OFFICE)	PHONE (MOBILE)	
_____	_____	_____	
EMAIL			

SPECIAL REQUIREMENTS (E.G. DIETARY, DISABILITY)			

MEMBERSHIP ORGANISATION (PCA/APHN)		STUDENT NUMBER	
_____		_____	

- PCA is collecting your personal information to register you for the Conference. This information will be provided to the hotel you have requested so that we can process your booking. We will also include your name, organisation and state/country on the delegate list. If you do not wish to be included on the delegate list we ask that you notify us by ticking the appropriate box following. In addition this information (name, organisation and state/country only) may also be provided to our conference sponsors and exhibitors. If you do not wish this information to be given please notify us by ticking the appropriate box.
- Please note that your name will NOT appear on the delegate list if you tick these boxes.

- PRIVACY** I do not wish my personal details (name, organisation and state/country only) to be included in the participant list to be distributed to delegates and sponsors at the conference
 - SPONSORSHIP LIST** I do not wish my personal details (name, organisation and state/country only) to be distributed to sponsors at the conference
 - BUDDY PROGRAM** I would be interested in the Buddy Program
- BILLETING**
We are able to offer a limited number of billets with local host families for those delegates who are unable to meet the costs of accommodation. If you would like to be considered for a billet please indicate below and you will be contacted by the Billet Coordinator.
- I would be interested in the Billeting Program

APPLYING FOR A VISA TO AUSTRALIA

In order to assist with your visa application please complete this section. This information will be supplied to the Department of Immigration in Australia.

PASSPORT NUMBER	_____
PLACE OF ISSUE	_____
DATE ISSUED	_____
NAME ON PASSPORT	_____

STEP 2 REGISTRATION DETAILS

For Country Group Listings refer to page 14

FULL REGISTRATION

EARLY BIRD FEES • CLOSES 27 MARCH 2009			
	GROUP 1	GROUP 2	
Medical	<input type="checkbox"/> \$790	<input type="checkbox"/> \$705	
Nursing/Allied	<input type="checkbox"/> \$660	<input type="checkbox"/> \$570	
Student Fulltime, Carers, Volunteers ...	<input type="checkbox"/> \$310	<input type="checkbox"/> \$265	

STANDARD FEES • CLOSES 23 AUGUST 2009			
	GROUP 1	GROUP 2	
Medical	<input type="checkbox"/> \$990	<input type="checkbox"/> \$880	
Nursing/Allied	<input type="checkbox"/> \$825	<input type="checkbox"/> \$715	
Student Fulltime, Carers, Volunteers ...	<input type="checkbox"/> \$385	<input type="checkbox"/> \$330	

LATE FEES • AFTER 23 AUGUST 2009			
	GROUP 1	GROUP 2	
Medical	<input type="checkbox"/> \$1185	<input type="checkbox"/> \$1055	
Nursing/Allied	<input type="checkbox"/> \$990	<input type="checkbox"/> \$860	
Student Fulltime, Carers, Volunteers ...	<input type="checkbox"/> \$460	<input type="checkbox"/> \$395	

DAY REGISTRATION

Please select day: Friday Saturday Sunday

EARLY BIRD FEES • CLOSES 27 MARCH 2009			
Medical	<input type="checkbox"/>	\$320 per day	
Nursing/Allied	<input type="checkbox"/>	\$265 per day	
Student Fulltime, Carers, Volunteers	<input type="checkbox"/>	\$125 per day	

STANDARD FEES • CLOSES 23 AUGUST 2009			
Medical	<input type="checkbox"/>	\$395 per day	
Nursing/Allied	<input type="checkbox"/>	\$330 per day	
Student Fulltime, Carers, Volunteers	<input type="checkbox"/>	\$155 per day	

LATE FEES • AFTER 23 AUGUST 2009			
Medical	<input type="checkbox"/>	\$475 per day	
Nursing/Allied	<input type="checkbox"/>	\$395 per day	
Student Fulltime, Carers, Volunteers	<input type="checkbox"/>	\$185 per day	

PRESENTERS (For those presenting longer than 30 minutes)

FEES • CLOSES 27 MARCH 2009			
	GROUP 1	GROUP 2	
Medical	<input type="checkbox"/> \$695	<input type="checkbox"/> \$615	
Nursing/Allied	<input type="checkbox"/> \$575	<input type="checkbox"/> \$500	
Student Fulltime, Carers, Volunteers ...	<input type="checkbox"/> \$270	<input type="checkbox"/> \$230	

REGISTRATION FEES SUB-TOTAL	\$
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STEP 3 MASTER CLASSES AND FULL DAY SEMINARS

FULL DAY SEMINARS

List in order of preference

- S1** Future directions for Indigenous Palliative Care
- S2** Integration of Aged Care—End of Life with Specialist Palliative Care Services
- S3** The Culture of Children
- S4** Strengthening Palliative Care Volunteerism into the Future
- S5** Working with Culturally and Linguistically Diverse Populations
- S6** Pain Management and Access to Medicines—Methadone, Ketamine and Catheters
- S7** Regional Research Workshop

FULL DAY SEMINAR FEES			
	GROUP 1	GROUP 2	
Medical	<input type="checkbox"/> \$175	<input type="checkbox"/> \$85	
Nursing/Allied	<input type="checkbox"/> \$175	<input type="checkbox"/> \$85	
Student Fulltime, Carers, Volunteers ...	<input type="checkbox"/> \$110	<input type="checkbox"/> \$55	

MASTER CLASSES (HALF DAY)

List in order of preference

MORNING

- M1** Advanced Palliative Care Nursing Module 1
- M2** Innovative ways to deliver Excellent Palliative Care with Limited Resources
- M3** Non Malignant Palliative Care

AFTERNOON

- M4** Advanced Palliative Care Nursing Module 2
- M5** Spiritually in Palliative Care
- M6** Organisational Development Workshop

HALF DAY CLASS FEES			
	GROUP 1	GROUP 2	
Medical	<input type="checkbox"/> \$85	<input type="checkbox"/> \$45	
Nursing/Allied	<input type="checkbox"/> \$85	<input type="checkbox"/> \$45	
Student Fulltime, Carers, Volunteers ...	<input type="checkbox"/> \$65	<input type="checkbox"/> \$35	

MASTER CLASSES AND FULL DAY SEMINAR FEES SUB-TOTAL	\$
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STEP 4 SOCIAL PROGRAM

Please indicate your attendance at the Social Events on this form below. One ticket to each social event is included in full conference fees for full registered delegates only.

→ Please note that if you do not indicate attendance, you will not be issued with a ticket and will not be eligible to attend the social functions.

SITE VISITS

THURSDAY 24 SEPTEMBER

I wish to express interest in attending a site visit:

H1 Morning Visit H2 Afternoon Visit

WELCOME RECEPTION

THURSDAY 24 SEPTEMBER

I will attend the welcome reception Yes No
(inclusive for full registrations)

Additional tickets for accompanying persons and all other registration types:

I would like to purchase tickets @ \$44 each \$

HAPPY HOUR & POSTER VIEWING

FRIDAY 25 SEPTEMBER

I will attend the poster viewing Yes No
(inclusive for full registrations)

Additional tickets for accompanying persons and all other registration types:

I would like to purchase tickets @ \$25 each \$

DINE AROUND PERTH

FRIDAY 25 SEPTEMBER

I would like to purchase tickets @ \$60 each \$
(Does not include beverages)

MEMBERS ONLY:

MEET THE EXPERTS BREAKFAST

SATURDAY 26 SEPTEMBER

I am a member of APHN or PCA and I will attend the breakfast

CONFERENCE DINNER

SATURDAY 26 SEPTEMBER

I will attend the Conference Dinner Yes No
(inclusive for full registrations)

Additional tickets for accompanying persons and all other registration types:

I would like to purchase tickets @ \$132 each \$

SOCIAL PROGRAM SUB-TOTAL	\$
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STEP 5 ACCOMMODATION

→ BOOKINGS CLOSE 21 AUGUST 2009

[in order of star rating]

→ Please indicate your accommodation in order of preference.

→ Please refer to page 16 for accommodation booking conditions.

No accommodation booking required

Medina Grand Perth

Premier One Bedroom Apartment \$300 per night, room only

Rydges Perth

Superior Room \$229 per night, room only

Mantra on Murray

Queen Studio Suite \$249 per night, room only

Parmelia Hilton

Queen Hilton Guest Room \$325 per night, room only

Twin Hilton Guest Room \$305 per night, room only

Mercure Hotel Perth

Standard \$225 per night, room only

Marque Hotel Perth

Deluxe \$226 per night, room only

Ibis Perth

Standard Room \$209 per night, room only

Mount Way Apartments

Apartment Single Rate \$125 per night, room only

Apartment Twin Rate \$135 per night, room only

STEP 5 CONTINUED

CHECK-IN DATE / /2009

CHECK-OUT DATE / /2009

TOTAL NUMBER OF NIGHTS

OCCUPANCY: SINGLE DOUBLE TWIN SHARE

I WILL BE SHARING MY ROOM WITH:

SPECIAL REQUESTS:

FLIGHT NUMBER:

ARRIVAL DAY:

ARRIVAL TIME:

ACCOMMODATION DEPOSIT

A minimum deposit of one night's tariff is required to secure your booking. Alternatively, your credit card details can be forwarded to the hotel to secure your booking. Bookings without a deposit will not be processed. Delegates are responsible for paying the balance of their account upon departure from the hotel. All accommodation rates quoted are GST inclusive. Tax invoices for accommodation payments and deposits will be issued by the hotel upon check out.

Please forward the credit card details provided in Step 7: Method of Payment.

Please forward the credit card details below:
Credit Card Type
(tick appropriate box and complete details below)
 MasterCard Visa
(AMEX and Diners are not accepted)

CREDIT CARD NUMBER
□□□□ □□□□ □□□□ □□□□

CARDHOLDER'S NAME

EXPIRY DATE □□ / □□

SIGNATURE _____ DATE _____

STEP 6 TOTAL PAYMENTS DUE

STEP 2 REGISTRATION FEES \$

STEP 3 MASTER CLASSES AND FULL DAY SEMINAR FEES \$

STEP 4 SOCIAL PROGRAM FEES \$

STEP 5 ACCOMMODATION FEES \$
(if not supplying credit card details)

TOTAL DUE \$

STEP 7 METHOD OF PAYMENT

→ All fees and costs quoted in this brochure are in Australian dollars (AUD) and are GST inclusive. Tax invoices will be issued to all registrants following receipt of the registration form.

Please nominate payment method

OPTION A I am faxing my registration and cheque will follow

OPTION B I enclose a cheque
Cheques are to be made payable in Australian Dollars and drawn on an Australian Bank
Please make cheques payable to:
Palliative Care Australia National Conference

OPTION C Credit card payment.
Please charge my credit card:
 MasterCard Visa
(AMEX and Diners are not accepted)

CREDIT CARD NUMBER
□□□□ □□□□ □□□□ □□□□

CARDHOLDER'S NAME

EXPIRY DATE □□ / □□

SIGNATURE _____ DATE _____

OPTION D Electronic Funds Transfer
Bank: Commonwealth Bank of Australia
Branch: Curtin, ACT, Australia
BSB: 062-905
Account Number: 10143675
Swift Code/IBAN No – CTB AAU25
Account Name: *Palliative Care Australia National Conference*

Please include your invoice number and last name as your lodgement reference

STEP 8 LODGE FORM

FORWARD THIS FORM WITH PAYMENT TO:

Palliative Care Conference 2009

C/- Conference Logistics
PO Box 6150
KINGSTON ACT 2604

Phone: +61 2 6281 6624

Fax: +61 2 6285 1336

Email: conference@conlog.com.au

→ *We suggest you make a copy of this form for your own records. If payment has to be processed through a large organisation and may be delayed, please forward a copy of this registration form to the Secretariat.*