

Pharmacy 2009 Registration Form

Tax Invoice Australian Friendly Societies Pharmacies Association Inc. ABN: 76 147 873 151

OFFICE USE ONLY

DATE REC'D _____ BATCH# _____
ID# _____ PROCESSED BY & DATE: _____
RECEIPT# _____

DELEGATE INFORMATION

Please complete all sections and use a separate form for each delegate

Surname: _____ Title: _____
Given Name: _____
Organisation / Company: _____
Position: _____
Address: _____
Suburb / Town: _____ State: _____
Country: _____ Postcode: _____
Tel: (Bus) _____
Fax: _____
Mobile: _____
Email: _____

ACCOMPANYING PERSON

Surname: _____ Title: _____
Given Name: _____
NAME BADGE DETAILS – Please print name as you would like it to appear
Delegate: _____
Organisation / Company: _____
Partner: _____

Section A: Registration Fees

Please read the Registration Entitlements Section in the main Brochure before filling in the following sections. Payment must be received by **Wednesday 22 July** to qualify for the discounted Early Rate.

Please indicate the registration category by ticking the appropriate box below.

Full registration

Early before 22/7/2009 (D01) \$985.00 \$ _____
Standard after 22/7/2009 (D02) \$1035.00 \$ _____
Daily – Thursday (D03) \$610.00 \$ _____
Daily – Friday (D04) \$425.00 \$ _____
Daily – Saturday (D05) \$610.00 \$ _____
Acc. Persons – Full (D06) \$555.00 \$ _____
Acc. Persons – Part (D07) \$330.00 \$ _____

TOTAL Section A \$ _____

Section B: Additional Function Tickets

These tickets are included in full registrations – ONLY complete this section if you require ADDITIONAL tickets.

Welcome Reception: Wednesday Evening (F01) No. ___ @ \$80.00 \$ _____
Informal Dinner: Thursday Evening (F02) No. ___ @ \$95.00 \$ _____
Lunch: Thursday, Saturday (F03) No. ___ @ \$35.00 \$ _____
Lunch: Friday (F04) No. ___ @ \$30.00 \$ _____
Gala Dinner: Saturday Evening (F05) No. ___ @ \$140.00 \$ _____

TOTAL Section B \$ _____

Section C: Accommodation Booking and Deposit

All Hotel bookings must include a minimum deposit of one night's accommodation if paying by cheque or EFT. These deposits will be forwarded to the Hotel on your behalf and will be deducted from your final account on your departure.

If payment is made by credit card, the card number ONLY will be forwarded to the Hotel on your behalf. Your account will not be debited until check out, when the full amount will be required.

Special Conference Rates – These special rates are available ONLY if booking is made through the Conference Secretariat. Reservations will be confirmed in order of receipt.

Hyatt Regency Sanctuary Cove - Room Type: Single Double Twin

(H01) Guest Room Single \$235.00 per room per night \$ _____
(H02) Guest Room Double \$255.00 per room per night \$ _____
(H03) Executive Suite Single \$355.00 per room per night \$ _____
(H04) Executive Suite Double \$375.00 per room per night \$ _____

*Single rate includes one full buffet breakfast, double rate includes two full buffet breakfasts

TOTAL Section C \$ _____

NUMBER OF PERSONS REQUIRING ACCOMMODATION

No. of Adults: _____ No. of Children: _____
Arrival Date: _____ Time: _____ Departure Date: _____

SHARED ACCOMMODATION - interconnecting rooms are available for families

I will be sharing with: _____

Company/Organisation: _____

SPECIAL REQUESTS

Please indicate any specific needs which you may require during your stay. eg. wheelchair access, dietary requirements, baby sitting or other assistance. We will endeavour to address these for you.

Delegate: _____

Accompanying Person: _____

Section C (continued)

CATERING

To assist with catering, please indicate how many people (including additional function ticket holders) will be attending these functions by placing a number next to each of the following:

- Welcome Reception – Wednesday No. _____
- Lunch – Thursday No. _____
- Informal Dinner – Thursday No. _____
- Lunch – Friday No. _____
- Lunch – Saturday No. _____
- Gala Dinner – Saturday No. _____

Section D: Accompanying Persons Activities

Name: _____

Thursday 17: Q Deck and Mt Tamborine (P01) No. ____ @ \$125.00pp \$ _____

Saturday 19: Whale watching and Marina Mirage (P02) No. ____ @ \$130.00pp \$ _____

TOTAL Section D \$ _____

Section E: Optional Activities - Friday
'A sporting chance'

Delegate: _____ (T01) No. ____ @ \$55.00pp \$ _____

Partner: _____ (T01) No. ____ @ \$55.00pp \$ _____

'The Mayne Inheritance' - Brisbane Tour

Delegate: _____ (T02) No. ____ @ \$55.00pp \$ _____

Partner: _____ (T02) No. ____ @ \$55.00pp \$ _____

TOTAL Section E \$ _____

Section F: Golf – Wednesday Afternoon **Please complete if you wish to play.**

Golfer: _____ Handicap ____ @ \$120.00pp \$ _____

Partner: _____ Handicap ____ @ \$120.00pp \$ _____

TOTAL Section D \$ _____

Payment of Registration Fees

PAYMENT SUMMARY

- TOTAL Section A: Registration Fees** \$ _____
- TOTAL Section B: Additional Function Tickets** \$ _____
- TOTAL Section C: Accommodation** \$ _____
- TOTAL Section D: Accompanying Persons Activities** \$ _____
- TOTAL Section E: OPTIONAL TOUR – FRIDAY** \$ _____
- TOTAL Section F: GOLF – WEDNESDAY AFTERNOON** \$ _____

TOTAL AMOUNT DUE \$ _____

METHODS OF PAYMENT All amounts are in Australian dollars and include GST

Cheque / Bank Draft

I have enclosed a cheque for the amount of : \$ _____
made payable to 'AFSPA Conference Account'

OR Credit Card

Please charge the total amount due \$ _____
to the following Credit Card:
 MasterCard VisaCard (No other cards can be accepted)

Card No: _____ Expiry: _____

Card Holder's Name: _____

Card Holder's Signature: _____

'AFSPA' will appear as the merchant on your statement

OR Electronic Transfer

I have transferred the total amount due \$ _____
Electronically to: AFSPA Conference Account
Commonwealth Bank, Canberra City ACT
BSB: 062 919 Acc: 1018 4892
Remittance Advice Number: _____

By registering for this Conference relevant details will be incorporated in a Delegates' List for the benefit of all delegates and may be made available to parties directly related to the Conference including Acclaim, AFSPA, the Organising Committee, Hyatt Regency Sanctuary Cove (accommodation only) and key sponsors (subject to strict conditions).

Tax Invoice for GST

This Registration Form is recognised as a Tax Invoice. However, if you require a separate Tax Invoice, please indicate the name and address of the person to whom it should be made out:

PLEASE SIGN THIS REGISTRATION FORM

Signature: _____ Date: _____

This registration is invalid without a signature. A confirmation of your Registration will be forwarded to you.

**PLEASE COMPLETE A SEPARATE FORM FOR EACH PERSON REGISTERING.
RETURN BY MAIL OR FAX WITH PAYMENT TO:
THE CONFERENCE SECRETARIAT
ACCLAIM Special Events and Meeting Management,
371 Bowen Tce, New Farm Qld 4005 Australia
Tel: 61 7 3254 0522 Fax: 61 7 3254 0406
E: pharmacyconference@acclaimsemm.com.au**