



**WOMEN'S &
CHILDREN'S
HOSPITALS**
AUSTRALASIA

WCHA 2009 Conference

The Times they are a-Changin': Engaging in Health Care Reform

9-13 November 2009, Brisbane, Australia
Sebel & Citigate King George Square

Registration Form

Please print clearly and keep a copy of this form for your records. With your consent, the information below will be reproduced in the delegate list at the Conference and will be used for all mailings. Please ensure the information you complete below is correct.

Please complete the form and mail immediately with your credit card details or your cheque payable to: 'WCHA 2009 Conference'.

WCHA 2009 Conference Managers

Address:
Level 10, 51 Druitt Street,
Sydney NSW 2000, Australia

Postal Address:
GPO Box 128, Sydney NSW 2001 Australia
Ph: +61 2 9265 0700
Fax: +61 2 9267 5443
Email: wcha2009@tourhosts.com.au

A. DELEGATE

Title Mr Mrs Ms Miss Dr Prof Other (Please specify):

Family name

Given name

Organisation

Position

Mailing address

City

State

Postcode

Country

Telephone

Mobile phone

Fax

Email

Preferred name on name badge

B. REGISTRATION FEES

NOTE: All fees include 10% Goods and Services Tax (GST)

Category	Before 24th August	After 24th August
2 Day (Tues & Wed) – Member	\$670	\$750
2 Day (Wed & Thurs) – Member	\$670	\$750
2 Day (Tues & Wed) – Non-Member	\$870	\$950
2 Day (Wed & Thurs) – Non-Member	\$870	\$950
3 Day (Tues/Wed/Thurs) – Member	\$895	\$950
3 Day (Tues/Wed/Thurs) – Non-Member	\$950	\$1150
Day Registration – Member	\$350	\$350
Day Registration – Non-Member	\$425	\$425
WHA Clinical Forum – Member	\$110	\$110
CHA Clinical Forum – Member	\$110	\$110
WHA Clinical Forum – Non-Member	\$150	\$150
CHA Clinical Forum – Non-Member	\$150	\$150

If you are registering for a day, please indicate which day you will be attending:

- Tuesday 10th November
 Wednesday 11th November
 Thursday 12th November

Please note: Confirmation of your registration will be sent to you within 10 working days from receipt of your registration form, provided full payment is received.

B. SUB-TOTAL REGISTRATION FEE: A\$

C. INTERACTIVE POSTER DISPLAY AND PRE DINNER DRINKS

The following event is included in the full delegate registration fee (2 and 3 day registration category). It is not included in the day delegate registration fee or the clinical forum registration fees. If you require additional tickets or would like to attend, please complete this section:

Event	Cost per ticket	Number of tickets required	Total Cost
Interactive Poster Display & Pre Dinner Drinks	\$35.00		

C. SUB-TOTAL INTERACTIVE POSTER DISPLAY AND PRE DINNER DRINKS: A\$

D. CONFERENCE DINNER

The following event is included in the full delegate registration fee (2 and 3 day registration category). It is not included in the day delegate registration fee or the clinical forum registration fee. If you require additional tickets or would like to attend, please complete this section:

Event	Cost per ticket	Number of tickets required	Total Cost
Conference Dinner	\$130.00		

D. SUB-TOTAL CONFERENCE DINNER TICKETS: A\$



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E. SPECIAL NEEDS / DIETARY REQUIREMENTS

If you have any special needs, please specify. Every attempt will be made to meet your requirements, however, this may not be possible in every case.

F. PRIVACY

YES, I consent to me name and address being used by the Conference Managers for this Conference and other WCHA events.

No – I do not consent

Your name and organisation only will be reproduced in the delegate list produced for the Conference which will be supplied to sponsors, exhibitors and all delegates attending the Conference. Please indicate if you do not consent to have your details published in the delegate list.

No – I do not consent.

G. PAYMENT AND CONDITIONS

Section B	Registration Fee	A\$
Section C	Interactive poster display and pre dinner drinks	A\$
Section D	Conference Dinner	A\$
Cheque processing fee (if applicable)		A\$10.00

NOTE: Registrations will not be processed or confirmed until payment in full is received.

H. TOTAL PAYMENT ENCLOSED: A\$

I have read and agree to all the conditions, i.e. cancellation, refunds and entitlements, outlined on the Conference website.

Please find enclosed cheque/money order payable to WCHA 2009 Conference. I am aware that all cheque payments will incur a \$10 processing fee.

Please charge the total amount at H to the following credit card:

MasterCard Visa Card American Express Diners Club

Please note all transactions by credit card will appear on your statement as payment to: Conference by THPL.

We do not accept payment by EFT (electronic funds transfer).

Credit card number

Expiry Date: /

Name on card:

Billing Address:

Signature

Date / /
