

REGISTRATION FORM – AOA/RACS/MEDLAW MEDICO LEGAL CONFERENCE - 25-27 NOVEMBER, 2011

(Please forward by 15TH October, 2011)

ABN 45 000 759 795

AOA/RACS/MEDLAW MEDICO LEGAL CONFERENCE
 P.O. BOX 190,
 BLAIRGOWRIE, VICTORIA, 3942
 AUSTRALIA

(Facsimile 03 59 880 990)
 (Please print in BLOCK letters
 using a ball point pen or type)
 Website www.aoamedleg.com

SURNAME.....INITIALS.....TITLE (Dr. Mr. Mrs. Prof. Miss Ms)

PREFERRED NAME FOR NAME BADGE.....

ADDRESS.....

.....POSTCODE.....COUNTRY.....

TELEPHONE (Professional)..... (Private).....

ACCOMMODATION

If you wish the organising committee to arrange your accommodation please indicate your preference in the boxes shown below. A payment for the first night's accommodation must accompany this form.

SYDNEY HILTON HOTEL [] Single \$329.00 [] Twin/Double \$329.00

CHECK IN DATE.....CHECK OUT DATE.....

The hotel has some smoke free rooms. If possible do you wish to request this facility? YES/NO

FIRST NIGHT'S ACCOMMODATION

(No Refunds of accommodation after 25th October, 2011) \$.....

REGISTRATION FEES

Normal fee \$440.00 \$.....
 Late Fee – (if paid after 15th October, 2011) \$495.00

WELCOME RECEPTION – Friday 25th November

Included in your registration fee []
 Accompanying Persons \$44.00 per person [] \$.....

TOTAL \$ _____

PAYMENT OPTIONS

1 Please make your Cheques payable in **AUSTRALIAN** Dollars to **"AOA MEDICO-LEGAL SOCIETY"**

2 The following Credit Cards are acceptable and the complete details are required

(If you fax your registration form **DO NOT** forward the original as it may be debited twice)

Mastercard Visa Card Expiry Date
 Month Year

..... Date / /11
 Cardholder's name in BLOCKLETTERS Cardholder's Signature