## **ASM 2017 REGISTRATION FORM**

### Complete your registration requirements below and your personal and payment details overleaf.

Return this form to the ANZSOM Secretariat together with full payment

Email: secretariat@anzsom.org.au Fax: (03) 9428 4872 Post: PO Box 7032, Richmond VIC 3121

Remember to keep a copy for your records. A tax invoice will be issued upon receipt of payment. Registration can also be made and paid for online at <a href="https://www.anzsom.org.au">www.anzsom.org.au</a>

#### PRE-CONFERENCE ROTTNEST ISLAND REGISTRATION

For full delegates, there is no additional registration fee for the Rottnest Island Pre-conference visit. To assist with planning we ask you to indicate your intention to attend the site visit on Sunday morning (see overleaf). All other arrangements including transfers, island tours and accommodation are to be made by delegates. Details to assist you in this regard are provided on page 4 of the registration brochure and on the ANZSOM website.

#### MAIN CONFERENCE REGISTRATION:

OPTIONS	EARLY BIRD  Up to 30 <sup>th</sup> June  Cost per person includes GST	From 1 <sup>st</sup> July Cost per person includes GST	Total amount				
ANZSOM MEMBER REGISTRATION							
Full registration (refer inclusions - brochure page 4)	\$990	\$1,090					
Day registration (includes sessions, site visits, workshops, morning/afternoon teas and lunch on day(s) selected)							
Monday 21 August	\$330	\$380					
Tuesday 22 August	\$330	\$380					
Wednesday 23 August	\$330	\$380					
NON-ANZSOM MEMBER REGISTRATION							
Full registration (refer inclusions - brochure page 4)	\$1,340	\$1,440					
Day registration (includes sessions, site visits, workshops, morning/afternoon teas and lunch on day(s) selected)							
Monday 21 August	\$450	\$490					
Tuesday 22 August	\$450	\$490					
Wednesday 23 August	\$450	\$490					
GUEST PACKAGE REGISTRATION							
Guest Package (refer inclusions - brochure page 4)	\$235	\$255					
SOCIAL EVENTS (FOR DAY REGISTRANTS / DAY GUESTS)							
Welcome Reception - WA Maritime Museum, Fremantle (Sun 20 August)	\$80	\$90					
Conference Dinner – Esplanade Hotel Fremantle (Tues 22 August)	\$130	\$140					
TOTAL COST							

## CONFIRMATION OF SOCIAL ACTIVITIES - FULL REGISTRANTS PLEASE COMPLETE

For full registrants, the Welcome Reception, Fremantle Pri	son Torchlight Tour, Shipwreck Museum Tour and Conference
Dinner are included in the cost of registration. To assist with	th catering and organisation, please indicate your intention to
attend these functions.	
Welcome Reception (Sunday evening 20 Aug)	Fremantle Prison Torchlight Tour (Monday evening 21 Aug)

(TURN OVERLEAF)

Shipwreck Museum Tour (Tuesday afternoon 22 Aug) Conference Dinner (Tuesday evening 22 Aug)



# **ASM 2017 REGISTRATION FORM (continued)**

## PRE-BOOKED ACTIVITIES: Site visits / Mental Health First Aid (MHFA) / CPR Update:

Attendance at the Mental Health First Aid (MHFA) course (Monday afternoon) and CPR Update (Monday and Wednesday afternoon) must be pre-booked with registration and will be allocated on a first in first served basis.

Site visits will be run parallel to these sessions and will be allocated at the conference but please indicate your intention to participate in site visits to assist us with general planning. The pre-conference site visit to the Rottnest Island Authority facilities on Sunday morning, 20th August is included in full conference registration. Please indicate your intention to attend this visit to assist with planning.

Please indicate your preference to attend the Pre-Conference site visit (on Sunday); and either the courses (MHFA, CPR Update) OR site visits (on Monday and Wednesday) below:							
Sunday 20 August  Pre-Conference Site Island Authority, 9.30an NOTE: Delegates travelling fro Sunday will need to catch the further details in the registration	n – 12.30pm om Fremantle on e 7.15am ferry. See	2.30pm  OR  Site Visits, from 1.15  OR  OR		.30pm		August e, 1.30pm – 3.30pm OR om 1.15pm – 4.30pm	
REGISTRATION DETAILS:							
DELEGATE DETAILS							
Preferred title	Dr / Mr / Mrs / Ms / Prof / Other (specify)						
First name			Surname				
Phone / Mobile			Email				
Postal address							
Dietary requirements							
GUEST DETAILS (if applied	cable)						
Preferred title:	Dr / Mr / Mrs / Ms / Prof / Other (specify)						
First name:			Surnam	е			
Dietary requirements							
PAYMENT  Cheque – make payable to ANZSOM and post to: PO Box 7032, Richmond VIC 3121  Direct transfer – BSB 013 423 Account No: 3541 94404 (please quote your name)							
Credit card - complete details below and fax to (03) 9428 4872 or mail as above							
☐ Visa		Mastercard			Amex		
Card number:				CVV:	1	Expiry: /	
Name on card:							
Signature:							
NOTE: Cancellation There will be no refund For other cancellation	d for cancellation	ns made within two w		he confere	ence.		