

# ASM 2018 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](mailto: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 [www.anzsom.org.au](http://www.anzsom.org.au)

## MAIN CONFERENCE REGISTRATION:

OPTIONS	EARLY BIRD Up to 31 <sup>st</sup> July Cost per person includes GST	From 1 <sup>st</sup> August Cost per person includes GST	Total amount
<b>ANZSOM MEMBER REGISTRATION</b>			
<b>Full registration</b> (refer inclusions – brochure page 3)	\$1,150	\$1,250	
<b>Day registration</b> (includes sessions, site visits, workshops, morning/afternoon teas and lunch on day(s) selected)			
Monday 8 October	\$400	\$450	
Tuesday 9 October	\$400	\$450	
Wednesday 10 October	\$400	\$450	
<b>Mental Health First Aid course</b> (additional cost)	\$75	\$85	
<b>NON-ANZSOM MEMBER REGISTRATION</b>			
<b>Full registration</b> (refer inclusions – brochure page 3)	\$1,510	\$1,610	
<b>Day registration</b> (includes sessions, site visits, workshops, morning/afternoon teas and lunch on day(s) selected)			
Monday 8 October	\$500	\$550	
Tuesday 9 October	\$500	\$550	
Wednesday 10 October	\$500	\$550	
<b>Mental Health First Aid course</b> (additional cost)	\$75	\$85	
<b>PARTNER PACKAGE REGISTRATION</b>			
<b>Partner Package</b> (refer inclusions – brochure page 3)	\$400	\$420	
<b>SOCIAL EVENTS (FOR DAY REGISTRANTS / DAY GUESTS)</b>			
Welcome Reception (Sunday 7 October)	\$85	\$95	
50 <sup>th</sup> Anniversary Gala Dinner (Tuesday 9 October)	\$155	\$165	
<b>TOTAL COST</b>			

## CONFIRMATION OF SOCIAL ACTIVITIES - FULL REGISTRANTS PLEASE COMPLETE

For **full registrants**, the Welcome Reception, 50th Anniversary Gala Dinner, and National Sports Museum Tour are included in the cost of registration. To assist with catering and organisation, please indicate your intention to attend these functions.

☐ **Welcome Reception** (Sunday evening 7 October)

☐ **National Sports Museum Tour** (Tuesday evening 9 October, before Gala Dinner)

☐ **50th Anniversary Gala Dinner** (Tuesday evening 9 October)

(TURN OVERLEAF)



# ASM 2018 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.

\*NOTE: MHFA is an additional cost – to be paid at the time of registration (refer previous page)

Site visits will be run parallel to these sessions and will be allocated prior to the conference. Some site visits will require ID to be submitted 2 weeks prior. Please watch your inbox for further information.

Please indicate your preference to attend either the courses (Vision workshop, CPR Update, MHFA course) OR site visits (on Monday and Wednesday) below:

### Monday 8 October

☐ Vision Workshop, 1.30pm – 3.30pm **\*BOOKED OUT\***

OR

☐ CPR Update, 1.30pm – 3.30pm

OR

☐ Site Visits, from 1.15pm – 4.30pm

### Wednesday 10 October

☐ CPR Update, 1.30pm – 3.30pm

OR

☐ Mental Health First Aid Certificate\*, 1.30pm – 6.00pm  
(\*additional cost)

OR

☐ Site Visits, from 1.30pm – 4.30pm

## REGISTRATION DETAILS:

### DELEGATE DETAILS

Preferred title	Dr / Mr / Mrs / Ms / Prof / Other (specify)		
First name		Surname	
Phone / Mobile		Email	
Occupation			
Postal address			
Dietary requirements			

### GUEST DETAILS (if applicable)

Preferred title:	Dr / Mr / Mrs / Ms / Prof / Other (specify)		
First name:		Surname	
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

<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Amex
Card number:	CVV:	Expiry: /
Name on card:		
Signature:		

### NOTE: Cancellation and Refund Policy:

There will be no refund for cancellations made within two weeks of the conference.  
For other cancellations an administration fee of \$100 will apply.

