

AAAH 2015 Registration Form



SECTION 1: Personal Details

Title (Mr/Mrs/Miss/Dr/Prof)
Given Name Last Name.....
Organisation Position.....
Address
Town/Suburb State Postcode.....
Country
Telephone*(.....) Mobile.....
*** Country + Area/ City Codes required**
Email

SECTION 2: Registration Fees

All fees are quoted in Australian dollars (AUD\$) and are inclusive of GST.

Please tick the rate that applies to you:

Full Member Registration		<input type="checkbox"/>	\$830	.....
Full Non Member Registration		<input type="checkbox"/>	\$930	.....
Full Student Member Registration		<input type="checkbox"/>	\$519	.....
Full Student Non Member Registration		<input type="checkbox"/>	\$599	.....
Day Member Registration	Day.....	<input type="checkbox"/>	\$490	.....
Day Non Member Registration	Day.....	<input type="checkbox"/>	\$580	.....
Day Student Member Registration	Day.....	<input type="checkbox"/>	\$300	.....
Day Student Non Member Registration	Day.....	<input type="checkbox"/>	\$350	.....
Exhibitor		<input type="checkbox"/>	-
Sponsor		<input type="checkbox"/>	-

SECTION 3: Pre Conference Workshop Fees

All fees are quoted in Australian dollars (AUD\$) and are inclusive of GST.

One workshop	<input type="checkbox"/>	\$75	.....
Two workshops	<input type="checkbox"/>	\$150	.....

Morning Workshops

- Management of Gender Dysphoria in Children and Adolescents
- Health and Education Working Together

Afternoon Workshops

- Adolescents and Eating Disorders - An Overview
 - Media Training in Youth Health Advocacy
-

SECTION 4: Social Functions

Please indicate your attendance at all functions. Additional tickets can also be purchased.

Wednesday 11 November 2015: Welcome Reception

- Full / Student delegate (inclusive)
- Additional Ticket \$55 each

Thursday 12 November 2015: Conference Party

- Ticket x \$100 each

SECTION 5: Summary of Payments

Section 2	Registration Fees	AUD
Section 3	Pre Conference Workshops	AUD
Section 4	Social Functions	AUD
Total Payment AUD		.....

Method of Payment

- Cash Credit Card Payment*

Visa / Mastercard / American Express / Diners Club (*please circle*)

Cardholder Name: _____

Card Number: ____ / ____ / ____ / ____

CVC: ____ Exp: ____ / ____ Signature: _____

*Please note that debits to your credit card, will appear as **ICMS Australasia** on your credit card statement.

SECTION 6: Terms and Conditions

Email communication

By providing your email address on the registration form, you agree to the event manager and other approved stakeholders communicating with you via email to market and manage this and future events of this type. You may opt out at any time.

Privacy

In registering for this conference relevant details (name/country) will be incorporated into a delegate list for the benefit of all delegates, and also may be made available (if necessary) to parties directly related to the conference including venues, accommodation providers, sponsors, key suppliers and future conferences. I consent to the collection, use and disclosure of information (excluding credit card details) provided in this registration form in accordance with and for the purpose outlined above.

- I have read the terms, conditions and cancellation policy below and accept all of its conditions.
- Please tick this box if you don't want to be included on the delegate list.

Name (*please print*): Signed: