

ROTTO RETREAT 2009

Registration Form & Tax Invoice

This document will become a Tax Invoice for GST purposes when full payment is received.
The Perth Epidemiology Group is based at the Telethon Institute for Child Health Research.
ABN 86 009 278 755

Please Note: One completed form is required for each registrant.

I wish to register for the Perth Epidemiology Group Scientific Meeting for 2009
(May 8-9):

Name:

Address:

.....

Daytime contact phone: Home phone / Mob:

Fax: E-mail:

Signature: Date:
(Signature required for Tax Invoice purposes)

Your privacy is important to us. No information on this form will be passed to a third party.

Registration Details

Registration Costs:

- | | | |
|--------------------------|---|----------|
| <input type="checkbox"/> | Member of AEA (Australasian Epidemiological Association): \$170 | \$ _____ |
| <input type="checkbox"/> | Non-member of AEA: \$210 | \$ _____ |
| <input type="checkbox"/> | Full-time student and AEA member: \$120 | \$ _____ |
| <input type="checkbox"/> | Full-time student and non-AEA member: \$140 | \$ _____ |
| <input type="checkbox"/> | Late registration fee (for registrations after April 6): \$30 | \$ _____ |

Abstract Submission:

I will / will not be submitting an abstract for presentation at this conference (please circle or delete as appropriate). Please note abstracts are due 5pm Monday March 23.

Conference Dinner (Saturday evening):

Entrée:

- Grilled Eggplant and Humus OR Thai style salmon fish cakes

Main Course:

- Fish of the day OR Penne Rigatoni

The conference dinner is included in the registration fee for registrants. Persons accompanying registrants are invited to the conference dinner

Additional guests:

Number of additional adults: \$65 each \$ _____

Number of additional children (Kids menu): \$12.50 each \$ _____
(No baby sitting available)

Meal choices for additional adult guests:

.....

Welcome Reception (Friday evening):

To help us with catering, please indicate whether you and anyone accompanying you will be attending the Welcome Reception at Rottnest Lodge on Friday evening May 8 at 6:30 pm.

Number of persons attending including registrant:

Number of additional guests for reception: \$28 each \$ _____

Total cost for registration and additional persons: Total cost \$ _____

Payment Details

Conference costs listed above include GST

Cheque/Money Order enclosed - Made payable to the Telethon Institute for Child Health Research

Payment by Credit Card VISA Master Card Bankcard

Card No: _ _ _ _ _ _ _ _ _ _

Exp Date: _ _ / _ _ Amount: \$.....

Cardholder's Name..... Signature.....

Please tick here if you would like e-mail confirmation once payment has been made (N.B. Ensure your e-mail details have been completed above)

Completed registration form to be sent FAO:

Sarra Jamieson (PEG Treasurer)
Telethon Institute for Child Health Research
PO Box 855
WEST PERTH 6872
(UWA Mailbox 560)
Fax: 08 9489 7700

NB No refunds will be given for cancellations made within 30 working days of the conference start date. All places will be confirmed upon receipt of full payment.

If you have any queries, please contact Sarra Jamieson on: ph. (08) 9489 7912 or e-mail sjamieson@ichr.uwa.edu.au or Linda on ph. (08) 9346 7636 or email lindas@cyllene.uwa.edu.au.

Registration closes Monday April 6 at 5pm; registrations after this date attract a late fee of \$30 and will depend on our ability to accept them.