



Congress of Aboriginal & Torres Strait Islander Nurses

11th National Conference and Annual General Meeting

Melbourne - Victoria

“We can do it – Yes we can”

16th ~ 18th September 2009 ~ Melbourne ~VIC
The Sebel & Citigate Albert Park Melbourne

CONFERENCE DELEGATION REGISTRATION FORM

Please print all details.

1. Personal Details. (Place X in corresponding box) Title: Prof Dr Mr Mrs Ms

Family Name (surname): _____ Given Names: _____

Organisation Name: _____ Position: _____

Address: _____

City: _____ State: _____ Postcode: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Dietary/ Special Requirements: _____

2. Registration Fee includes lunch, morning tea, afternoon tea and the conference dinner (if applicable).

Delegate Registration x 3 days: \$450.00 Daily Rate: \$150.00 (Please specify day)

Wednesday 16th Thursday 17th Friday 18th

3. Social Event. (Place X in corresponding box) **PLEASE NOTE: Included in full registration.**

Please indicate if you will be attending the: Conference Dinner (Thursday 17th September):

Additional Tickets. I require the following additional tickets:

Conference Dinner | No of tickets @ \$ 85.00 pp _____ Total \$

Please provide full names of guests:

First Name	Last Name

4. Accommodation ~ The Sebel & Citigate Albert Park Melbourne (Place X in corresponding box)

PLEASE NOTE: Reservations cannot be accepted unless accompanied by credit card or cheque for **full payment.**
 All prices quoted for Accommodation are GST Inclusive. Kindly note that check-in time is 14:00 hrs and check-out time is 10:00 hrs. Please specify:

Room type: Single / Double / Twin / Other (Specify type)

Arrival date: / / Time: _____

Departure date: / / Time: _____

Sharing with: _____
 Preference only

- Citigate Room (Single/Twin/Double) (incl. one Breakfast) \$178.00 per room per night \$_____
- Sebel Room (Single/Twin/Double) (incl. one Breakfast) \$198.00 per room per night \$_____

5. Fees Payable. (Place x in corresponding box)

PLEASE NOTE: Full payment of fees must accompany registration. Payment must be made in Australian Dollars, payable on a bank situated in Australia and made payable to: **CATSIN**

How is payment made?

Cheque: **Credit Card:** Visa, MasterCard and Australian Bankcard only (Give details below)

I hereby authorise my credit card to be debited with the fee of Amount: \$_____

Visa: MasterCard: Australian Bankcard: Please Invoice:

Card Number: / / Expiry Date: /

Cardholders Name: _____

Cardholders Signature: _____

A confirmation letter, tax invoice and receipt will be sent to you upon receipt of registration payment. Please contact us if you have not received this letter within one month. We also suggest you make a copy of this form for your own records.

Please send completed registration form to Kim Edmonds.

Contact Details:

Wyeth Clinical Meetings Service (Conference Organisers)	CATSIN	The Sebel & Citigate Albert Park Melbourne
Locked Bag 5002 Baulkham Hills BC NSW 2153	14 Cassia Ave, Banksia Beach Bribie Island QLD 4507	65 Queens Road Melbourne VIC 3004
Kim Edmonds Ph: (02) 8850 8318 Fax: (02) 9024 4873 Email: edmondk@wyeth.com	Ph: (07) 3410 7236 Fax: (07) 3410 7235 Email: catsin@bigpond.net.au	Ph: (03) 9529 4300 Fax: (03) 9521 3111 Website: www.mirvachotels.com

Please note ACCOMMODATION BOOKINGS CLOSE SEPTEMBER 1ST 2009

Registration & Cancellation Policy

Cancellation of registration must be notified in writing to the Conference Organisers. Cancellations prior to 1 September 2009 will receive a full refund less \$100 administration fee. No refund will be given for cancellation after 1 September 2009.

Privacy Statement

Wyeth Australia Pty Limited, 17-19 Solent Cct, Norwest Business Park, Baulkham Hills, NSW 2153. We advise that the information that you provide on this form is "personal information" as defined by the Privacy Act 1988 (the "Act"). This information is being collected for the purposes of processing your registration or enquiry. Please visit www.wyeth.com.au for more information.