

SECTION A: Delegate

TITLE: _____ FIRST NAME: _____ SURNAME: _____

COMPANY/PRACTICE: _____

ADDRESS: _____

SUBURB: _____ STATE: _____ P/CODE: _____

TEL: () _____ FAX: () _____ EMAIL: _____ I agree to be contacted by email

DO YOU WISH TO APPLY FOR CPD POINTS YES NO

ACRRM MEMBERSHIP NO.: _____ DIVISION NAME: _____

IF YES PLEASE SUPPLY QA & CPD NO: _____
(MUST COMPLETE TO ATTAIN CPD POINTS)

SECTION B: Registration Fees

Price including GST	Early Bird Rate Up to 10 Aug	Early Bird Rate from 11 Aug to 26 Oct	Full Rate as of 27 Oct	TOTAL
1 Day	A\$298	A\$316	A\$351	\$
2 Days	A\$547	A\$579	A\$643	\$
3 Days - Full registration fee	A\$567	A\$637	A\$708	\$
Group Booking (min 3 GP registrations from the same practice) *see page 3 for details	N/A	N/A	A\$460	\$
	1 Day	2 Days	3 Days	TOTAL
Practice Manager	A\$266	A\$343	A\$420	\$

SECTION C: Social Events

PRICES INCLUDE GST	NO. OF PERSONS	PAYMENT
GPCE Dinner	Sat 17 Nov _____ \$120pp	
Welcome drinks	Fri 16 Nov _____ \$25pp	
TOTAL PAYMENT SECTION C		\$

SECTION D: Sunday Airport Transfer

Transfer to airport from MECC to airport on Sunday leaving 4.45pm

Number of tickets required _____ @ \$33.00 per person

TOTAL PAYMENT SECTION D \$

YES I would like to facilitate at the Melbourne GPCE 2007 and SAVE \$150 on a 3 or 2 day registration.

Practice Discount - As a GP, register with any number of Practice Nurses or Practice Managers and receive 10% off all registrations

* Only one discount can be claimed per registration

If you wish to attend a ALM Active Learning Module (30 Category one points)

ALM Streams: A B C D E F G H (please nominate your 3 preferences 1-3)

You will be sent some pre-conference reading material before the GPCE & will need to complete a short evaluation after. You must ensure you are able to attend the 6 sessions outlined on page 3.

IMPORTANT ENTER THE RELEVANT WORKSHOP & SEMINAR CODES OF YOUR FIRST CHOICE ONTO THE TABLE BELOW (assume your first choice has been allocated)

SECTION E: Session Bookings

- You are entitled to 4 sessions per day made up of Seminars or Workshops. (5 sessions on Sunday)
- You may only attend one semi-nar or workshop from each session

IMPORTANT: Most 1st preferences will be allocated - if sessions are full you will be allocated a session according to availability so PLEASE include All preferences

SEMINARS	FRIDAY					SATURDAY					SUNDAY				
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Session number															
1st Preference															
2nd Preference															
WORKSHOPS Your workshop preference MUST NOT be in the same column/session as the seminar preference you have selected above															
1st Preference				W4N	W5N			W8L		W10L		W12N	W13G		
2nd Preference															
3rd Preference															

ADDITIONAL SESSIONS: Please indicate additional sessions you wish to attend at \$20 each (presume you have been allocated all your first preferences)

No.1 No.2 No.3

No. of additional sessions \$20 per additional sessions \$ _____

INSERT CODE NUMBERS AND CHECK THAT THE SESSION TIMES DO NOT CONFLICT

TOTAL PAYMENT SECTION E \$ _____

SECTION F: Payment of Fees

PLEASE MAKE CHEQUES PAYABLE TO REED EXHIBITIONS - GPCE, PO BOX K1385, HAYMARKET NSW AUSTRALIA 1240 OR FAX 02 9211 7601. ENQUIRIES CALL 1800 358 879 OR 02 9211 7454

TOTAL PAYMENT SECTION B	\$
TOTAL PAYMENT SECTION C	\$
TOTAL PAYMENT SECTION D	\$
TOTAL PAYMENT SECTION E	\$
TOTAL PAYMENT DUE	\$

PRICES INCLUDE GST

DIVISIONS A B C D E F G H I J K L M N O P Q R S T U V

I wish to pay by: AMEX Cheque Bankcard Visa Mastercard

Credit card no:

CVV NO. _____ Amex 4 digits above & to the right of card number. All other cards last 3 digits on signature strip.

CARDHOLDER'S NAME: _____ EXPIRY DATE: _____ / _____

SIGNATURE: _____

I do not wish to receive further information on this or any other related event.

GPCE reserves the right to make amendments to this program as required.