

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

DIVISION NAME: _____

SECTION B: Registration Fees

| | Early Bird Rate Up to 10 Aug | Early Bird Rate from 11 Aug to 26 Oct | Full Rate as of 27 Oct | TOTAL |
|---|------------------------------|---------------------------------------|------------------------|-------|
| Price including GST | | | | |
| 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 | | | | | | | | S8B | | | | | | | |
| 2nd Preference | | | | | | | | | | | | | | | |
| WORKSHOPS Your workshop preference MUST NOT be in the same column/session as the seminar preference you have selected above | | | | | | | | | | | | | | | |
| 1st Preference | | | | W40 | W5A | | | | | W9A | | W11B | W12I | | |
| 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.