

**SECTION A: Delegate**

TITLE: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

COMPANY/PRACTICE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

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 OBTAIN CPD POINTS)

DIVISION NAME: \_\_\_\_\_

**SECTION B: Registration Fees**

Price including GST	Early Bird Rate Up to 15 Feb	Early Bird Rate from 16 Feb to 11 Apr	Full Rate as of 12 April	TOTAL
1 Day	A\$312.95	A\$331.65	A\$368.50	\$
2 Days	A\$574.20	A\$597.75	A\$675.40	\$
3 Days - Full registration fee	A\$555.10	A\$568.80	A\$743.60	\$
Group Booking <small>(min. 3 GP registrations from the same practice) See page 3 for details</small>	N/A	N/A	A\$484.00	\$

**SECTION C: Social Events**

PRICES INCLUDE GST	NO. OF PERSONS	PAYMENT
GPCE Dinner <input type="checkbox"/> Sat 24 May _____ \$100pp		
Welcome drinks <input type="checkbox"/> Fri 23 May _____		FREE
TOTAL PAYMENT SECTION C		\$

**SECTION D: Sunday Advance Travel**

Transfer to airport from Homebush to airport on Sunday leaving 4:30pm.

Number of tickets required \_\_\_\_\_ @ \$34.00 per person

TOTAL PAYMENT SECTION D \$

YES I would like to facilitate at the Sydney GPCE 2008 and receive a discount registration of \$300.

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

**Registration Fees for Practice Managers & Registrars**

	3 Day	2 Days	1 Days	TOTAL
	A\$440.55	A\$360.25	A\$279.40	\$

\* Only one discount can be claimed per registration

**ALM Streams:**  A  B  C  D  E  F  G  H  I (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 2.

**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**

**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

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

SEMINARS	FRIDAY					SATURDAY					SUNDAY				
Session number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1st Preference							A					A			
2nd Preference															
<b>WORKSHOPS</b> Your workshop preference MUST NOT be in the same column/session as the seminar preference you have selected above															
1st Preference	G	G		L	N	N		N		G	N		N	L	
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

**ALM B**

TOTAL PAYMENT SECTION B	\$
TOTAL PAYMENT SECTION C	\$
TOTAL PAYMENT SECTION D	\$
TOTAL PAYMENT SECTION E	\$
<b>TOTAL PAYMENT DUE</b>	<b>\$</b>

I wish to pay by: AMEX  Cheque  Bankcard  Visa  Mastercard  Diners

Credit card no:

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

CARDHOLDER'S NAME: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_ / \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

\*CHILDREN UNDER 14 YRS ARE NOT PERMITTED

3% surcharge on all credit cards

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