

RCPA AACB Chemical Pathology Course 2012 Registration Form

6-10 February 2012 | Crowne Plaza Surfers Paradise | Gold Coast, QLD



TAX INVOICE – AACB Inc.

ABN 83 170 402 727

Prices are inclusive of GST

PRIVACY ACT

In registering for this event your name, organisation and state/country details may be incorporated into a delegate list for distribution to fellow delegates and sponsors, and made available to parties directly related to the event.

If you **DO NOT** wish to have your name, organisation and state/country details included in the list of delegates please tick here

Title: Dr Mr Mrs Ms Miss Other:

First Name:

Surname:

Organisation:

Mailing Address:

State/City:

Postcode:

Country:

Phone:

Fax:

Mobile:

Email:

Special Requirements (e.g. diet, allergies):

Yes, please send me a certificate of attendance (this will be emailed to you in PDF format)

REGISTRATION

FULL REGISTRATION:

- | | | | |
|---|---|---------|----------------|
| <input type="checkbox"/> RCPA/AACB Member | <input type="checkbox"/> Shared Corporate | AU\$675 | Mbr No#: _____ |
| <input type="checkbox"/> Non Member (AACB Membership Offer) | | AU\$898 | |
| <i>A membership application will be sent to you. If your application is accepted, \$223 from the course fee will pay for one year's membership (06/12-06/13) to AACB.</i> | | | |
| <input type="checkbox"/> Non Member | <input type="checkbox"/> Shared Corporate | AU\$998 | |

DAY REGISTRATION:

- | | | |
|---|---------------|----------------|
| <input type="checkbox"/> RCPA/AACB Member | \$185 per day | Mbr No#: _____ |
| <input type="checkbox"/> Non Member | \$285 per day | |

Day registration - please nominate day/s of attendance:

- Monday Tuesday Wednesday Thursday Friday

SOCIAL FUNCTIONS

Day registration or guest tickets

QTY

TOTAL \$:

- | | | | | |
|--|---|-----------|-------|---------|
| <input type="checkbox"/> Yes, I will be attending the Welcome Drinks (Mon)
<i>(included in full registration - please indicate attendance)</i> | <input type="checkbox"/> Additional tickets | \$50 each | _____ | \$_____ |
| <input type="checkbox"/> Optional Dinner 'Seafood Buffet' at Four Winds Crowne Plaza (Wed)
<i>Optional dinner.</i> | | \$70 each | _____ | \$_____ |
| <input type="checkbox"/> Yes, I will be attending the Closing Lunch (Fri)
<i>(included in full registration & Friday registration - please indicate attendance)</i> | <input type="checkbox"/> Additional tickets | \$45 each | _____ | \$_____ |

PAYMENT

Total AUD\$:

- CHEQUE *(Please make cheques payable to: RCPA AACB Chemical Pathology Course)*
 VISA MASTERCARD

Cardholder's Name:

Card Number:

Expiry Date:

Amount AUD\$:

Cardholder's Signature:

Fax to: 02 9669 6607 Or post to: RCPA/AACB Secretariat, AACB, PO Box 7336, Alexandria NSW 2015
AACB Secretariat Phone: 02 9669 6600

OR REGISTER ONLINE AT www.aacb.asn.au