

**PAYMENT FORM – AUSTRALASIAN CARDIOVASCULAR NURSING COLLEGE**

**ABN: 62096113866**

**2012 CONFERENCE REGISTRATION / MEMBERSHIP FEE - TAX INVOICE**

**Please return completed form to:**

Australasian Cardiovascular Nursing College, PO Box 2139, Brookside Centre QLD 4053

**NAME:** .....

**Address:** .....

**Email:** ..... **INVOICE REQUIRED BEFORE PAYMENT**

**\*\* PLEASE NOTE SECURE ONLINE PAYMENT AVAILABLE WITH REGISTER NOW at [www.acnc.net.au](http://www.acnc.net.au)**

**2012 ACNC CONFERENCE is on February 24<sup>th</sup> & 25<sup>th</sup> at the Crowne Plaza Hotel, Coogee Beach, Sydney, NSW.**

Check website [www.acnc.net.au](http://www.acnc.net.au) for details. Abstracts open September & close 18/11/11.

**Full Registration includes 2 day program, welcome cocktails on Friday 18<sup>th</sup> and 2012 ACNC membership.**

Full Registration \$ 450  Full registration **EARLY BIRD (closes 3/02/12)** \$400

Single day rate \$240  Nominate day Friday  Saturday

Conference only (**Undergraduate students ONLY**) \$200

Registrations close: Friday 11<sup>th</sup> of March, 2011

Cancellation policy: 50% up to January 20<sup>th</sup>. No refund after January 20th. Registrations are transferable.

**MEMBERSHIP FEES (Pre registration nursing students and Aboriginal health workers pay half fee)**

Annual Membership Fee is \$100.00 payable by 1<sup>st</sup> February each year. Half year from 1<sup>st</sup> August is \$50.00.

\*Fees are current at August 2011 and subject to variation. Fees are payable in Australian dollars only.

NEW Annual memberships \$100  Annual renewals \$75  Half year ONLY from 1<sup>st</sup> August \$50

**A. CREDIT CARD PAYMENTS**

|                    |                                      |  |  |
|--------------------|--------------------------------------|--|--|
| <b>CARD TYPE</b>   | <input type="checkbox"/> <b>VISA</b> | <input type="checkbox"/> <b>MASTERCARD</b> | <input type="checkbox"/> <b>BANKCARD</b> |
| CARD HOLDER'S NAME |                                      |  |  |
| CARD NUMBER        |                                      |  |  |
| EXPIRY DATE        |                                      | month/date                                 |  |
| SIGNATURE          |                                      |  |  |

**B. MONEY ORDER/CHEQUE PAYMENT**

payable to: **Australasian Cardiovascular Nursing College**

**C. BANK TRANSFER (Please provide name and invoice no if available)**

|               |   |
|---------------|---|
| Account name: | Australasian Cardiovascular Nursing College |
| BSB           | 084283                                      |
| Account no:   | 862629355                                   |
| Reference:    | Your name                                   |

**Office use Only:**

|                       |  |                       |  |                          |  |
|-----------------------|--|-----------------------|--|--------------------------|--|
| <b>Membership No.</b> |  | <b>Date Received:</b> |  | <b>Amount Received:</b>  |  |
| <b>Payment type:</b>  |  | <b>Receipt No.:</b>   |  | <b>Added to E-forum:</b> |  |

*All personal information collected is confidential. Your personal information will not be sold, rented or traded for any purposes. The ACNC will not disclose information about you unless you have given consent to the ACNC to do so, or the disclosure is required by law.*