

REGISTRATION FORM and TAX INVOICE

NB: Payment MUST be sent electronically or completed on the registration form.

REGISTRATIONS CLOSE ON FRIDAY 7th MAY 2010

NAME (Print clearly for name tag)
ADDRESS
SUBURB / TOWN POSTCODE
EMAIL CONTACT PHONE
TITLE / ORGANISATION
(For name tag)

CONFERENCE RATES (Please tick box) NO GST

MEMBER	Full Day (received by secretariat PRIOR to 7/5/10)	\$60.00	<input type="checkbox"/>
MEMBER	Full Day (received by secretariat AFTER 7/5/10)	\$80.00	<input type="checkbox"/>
NON MEMBER	Full Day (received by secretariat PRIOR to 7/5/10)	\$90.00	<input type="checkbox"/>
NON MEMBER	Full Day (received by secretariat AFTER 7/5/10)	\$110.00	<input type="checkbox"/>

Please note rate includes breakfast (for those at b'fast meeting) morning tea, lunch and wine/nibbles at conclusion

SPECIAL DIET
(Please state clearly e.g. Vegetarian)

BREAKFAST MEETING: 8:00am – 8:45am

Please Indicate Attendance: "Why They Still Do It: The Treatment Resistant Smoker"

CONFERENCE DINNER

Please Indicate Attendance: Payment to be included with registration fee \$35.00

TOTAL PAYMENT \$ _____

PAYMENT DETAILS

CRA of NSW and ACT Inc Not Registered for GST ABN: 85 985 478 094

Electronic Transfer Account Name: Cardiovascular Health and Rehabilitation

BSB: 112 879 Account Number: 410 167 356

Please note your name **MUST** be entered in the reference field

Please note your transfer number **MUST** be entered here

Personal Cheque or Money Order made payable to: CRA of NSW and ACT Inc

Or

Visa Mastercard Card Number

Cardholder Name Expiry Date /

Cardholder Signature

DELEGATE LIST

A delegate list contains the name, work place and phone number / email of consenting attendees at a conference. It assists in networking with your peers and putting a face to a name.

If you **DO NOT** want your name to appear on the delegate list please tick this box

GENERAL INFORMATION

For further information please contact:
Please email, fax or mail this registration form

Tel: 0428 472 593

Fax: 02 8088 4397

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