



The Royal Australasian
College of Physicians

Queensland State Committee

IMSANZ-RACPQ 2010
Combined Scientific Meeting
Sofitel Broadbeach Gold Coast
1-3 October 2010

Registration Form

Please print clearly or type and keep a photocopy of this form for your records or register online at www.imsanz-racpq.org.au. The information submitted will be reproduced in the delegate list at the Meeting and be used for all mailings. Please ensure the information you complete is correct.

IMPORTANT REGISTRATION INFORMATION

- Cheque payments will only be accepted up until **31 August 2010**. After this date, all registrations and accommodation bookings must be submitted with credit card details.
- If paying by cheque please complete the form and mail immediately with your cheque payable to **IMSANZ-RACPQ 2010**
- Please refer to the Meeting website for full terms and conditions.
- By completing this form you agree to all terms and conditions as outlined on the Meeting website.
- You may **not** pay your fees by Electronic Funds Transfer (EFT).

Forward this form and payment to:

IMSANZ-RACPQ 2010 Meeting Managers
GPO Box 128
SYDNEY NSW 2001

Via fax to: +6192675443 or via email: imsanz-racpq@arinex.com.au

A. DELEGATE

DELEGATE	
TITLE	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> Other _____ (please tick)
FAMILY NAME	
GIVEN NAME	
ORGANISATION / ASSOCIATION	
POSITION	
STREET ADDRESS	
CITY/SUBURB	STATE
COUNTRY	POSTCODE / ZIP
TELEPHONE	
MOBILE PHONE	
FAX	
EMAIL	
PREFERRED NAME ON NAME BADGE	

B. REGISTRATION FEES

NOTE: All fees include the 10% Goods and Services Tax (GST).

	Early Bird	Standard
Member	<input type="checkbox"/> \$475.00	<input type="checkbox"/> \$550.00
Non IMSANZ/RACP Member	<input type="checkbox"/> \$725.00	<input type="checkbox"/> \$800.00
Associate (Allied Health) / Trainee (Adv Trainee) / Pacific Assoc Member	<input type="checkbox"/> \$275.00	<input type="checkbox"/> \$350.00
Day Member		<input type="checkbox"/> \$325.00
Day Non IMSANZ/RACP Member		<input type="checkbox"/> \$450.00
Day Associate (Allied Health) / Trainee (Adv Trainee) / Pacific Assoc Member		<input type="checkbox"/> \$225.00
Measurement for Improvement Workshop Registration		<input type="checkbox"/> \$75.00

B. Sub-Total Registration Fee: A\$

C. MEASUREMENT FOR IMPROVEMENT WORKSHOP

The Measurement for Improvement Workshop is open to both Meeting Delegates and those who are not attending the Meeting.

The Workshop is not included in the registration fee for delegates. If you wish to attend the workshop please complete this section.

Event	Cost per ticket	Number of tickets required	Total Cost
Measurement for Improvement Workshop, Friday 1 October 2010, 1330 - 1730	A\$75.00		

C. Sub-Total Workshop Registration Fee: A\$

D. ACCOMMODATION

- Please check the Meeting website www.imsanz-racpg.org.au for the most current rates.
- Accommodation MUST be booked by 30 August 2010
- All accommodation bookings must be secured with credit card details at time of booking to guarantee booking.
- Reservations cancelled between 30 and 15 days to the reserved arrival date will be subject to a cancellation fee equal to 50% of the cost of your total reservation.
- Reservations cancelled within 14 days prior to the reserved arrival date or that do not arrive for the reserved date will be subject to a 100% cancellation fee, equal to all room night's reserved.
- All applicable cancellation fees will be retained by Sofitel, Gold Coast
- Cancellations must be notified in writing to the Meeting Managers.

Hotel and Deposit Requirements

Hotel	Room Type	Room only rate per room per night	Room & Breakfast rate per room per night	Number of nights required
Sofitel Gold Coast Broadbeach	Classic River View Single <input type="checkbox"/>	A\$205.00	A\$225.00	
	Classic River View Double <input type="checkbox"/> Twin <input type="checkbox"/>	A\$205.00	A\$245.00	
	Superior Ocean View Single <input type="checkbox"/>	A\$235.00	A\$255.00	
	Superior Ocean View Double <input type="checkbox"/> Twin <input type="checkbox"/>	A\$235.00	A\$275.00	

I do not require the Meeting Managers to book accommodation for me. I have made my own arrangements.

- I will be staying: _____ (name of hotel)
 With friends or family

Important - Please complete this section

Arrival/Check in Date _____ Estimated Time of Arrival _____
 Departure/Check out Date _____ Estimated Time of Departure _____

I wish to guarantee early check in by pre -booking and paying for the previous night on _____/_____/_____

I will be sharing this room with _____
 Special Requirements e.g. smoking/ non smoking room (subject to availability)

D. Sub-Total Accommodation: A\$

E. SOCIAL PROGRAM

The Welcome Reception is **not included** in the Day Registration fee or the Friday Workshop Registration fee.

Event	Cost per ticket	Number of tickets required	Total Cost
Welcome Reception	A\$65.00		

The following events are **optional** and not included in the Registration Fee for Delegates. If you require tickets for these events please complete this section

Event	Cost per ticket	Number of tickets required	Total Cost
Meeting Dinner	A\$85.00		

E. Sub-Total Social: A\$

F. SPECIAL NEEDS / DIETARY REQUIREMENTS

If you have any special needs please specify. Every attempt will be made to meet your requirements; however this may not be possible in every case.

Gluten Free Halal Kosher Lactose Intolerant Allergy to Nuts No Seafood
 Vegetarian Vegan Other *(Please indicate)* _____

If you have selected Halal or Kosher you will be supplied with a Vegetarian meal. If you wish to discuss this please contact the Meeting Managers.

PRIMARY AFFILIATION

- IMSANZ
 RACPQ
 Other _____

INFORMATION SOURCE

Please indicate where/how you heard about the Meeting:

Direct Mail	<input type="checkbox"/>
Promotion at another Meeting	<input type="checkbox"/>
Industry colleagues	<input type="checkbox"/>
Journal/newspaper article	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

G. PRIVACY

YES – I consent to receiving information from arinex pty limited or other organisations on related products or services from time to time.

No, I do not consent

YES – please include my details as given in this form (and any subsequent amendment) in the Delegate List produced for the Meeting which will be supplied to organising bodies, sponsors and all delegates attending the Meeting.

No, please do not include my details in the Delegate List.

H. PAYMENT AND CONDITIONS

Section B	Registration Fee	A\$
Section C	Workshop Registration Fee	A\$
Section D	Accommodation	A\$
Section E	Social Program	A\$

NOTE: Registrations will not be processed or confirmed until payment in full is received.

TOTAL FEES ENCLOSED: A\$

