

REGISTRATION FORM

11-14 SEPTEMBER 2008
ADELAIDE CONVENTION CENTRE
THE AUSTRALIAN & NEW ZEALAND SOCIETY FOR VASCULAR SURGERY

TAX INVOICE

ABN 937 634 072 07

Please type or print in BLOCK LETTERS in black. Please complete all sections.

SECTION A: DELEGATE

Title: Prof Assoc Prof Dr Mr Ms Mrs Miss

Family name: _____

Given name: _____

Organisation: _____

Position: _____

Postal address: _____

Suburb: _____

State: _____ Country: _____ Postcode: _____

Telephone: [_____]

Mobile: _____

Email: _____

Name for badge: _____

Special dietary requirements: Vegetarian Other please specify: _____

I DO NOT agree to my name, organisation and state being published

Please advise how you wish to receive your confirmation letter, tax invoice and receipt:

Post Email



Your registration may be sent either by:

1 Internet registration

For payments by credit card only, simply visit www.vascular2008.com and click onto the 'registration' page, complete your details and submit.

For your records please print off a copy of the summary page prior to clicking the 'submit' button.

2 If paying by cheque, please complete the registration form and either mail or fax it to the address as noted:

VASCULAR2008
Conference Organisers
WALDRONSMITH Management
61 Danks Street West
Port Melbourne VIC 3207
AUSTRALIA

Telephone: +61 3 9645 6311
Facsimile: +61 3 9645 6322
Email: vicki@wsm.com.au

SECTION B: REGISTRATION FEES

Categories of Registration	✓	Cost	Payment
Vascular2008 – 4 Day Registration – Full	[]	\$1,200.00	AUD\$
Vascular2008 – 4 Day Registration – Trainee	[]	\$750.00	AUD\$
Vascular2008 – Single Day Registration	[]	\$560.00	AUD\$
For Day Registration, please indicate day of attendance: [] Thursday 11 September [] Friday 12 September [] Saturday 13 September [] Sunday 14 September			
Vascular2008 - 4 Day Registration – Retired Member	[]	Complimentary	
Vascular2008 – 4 Day Registration – Nurse Member	[]	\$350.00	AUD\$
Vascular2008 – 4 Day Registration – Nurse Non-Member (includes Sonographers/Radiographers/Allied Health Professionals)	[]	\$500.00	AUD\$
Vascular2008 – 4 Day Registration – Ultrasound Symposium	[]	\$500.00	AUD\$
Trade Exhibitor/Sponsor	[]	Complimentary	
Trade Exhibitor Additional Staff Registration	[]	\$500.00	AUD\$
Total Payment Section B			AUD\$

SECTION C: INTENTION TO ATTEND SOCIAL FUNCTION

The Welcome Reception is included in all registration types.
Please tick below if you **plan to attend** so that we may cater appropriately.

Date	Function	Delegate attendance
Thursday 11 September 2008	Welcome Reception	[]

SECTION D: ADDITIONAL SOCIAL FUNCTION TICKETS

Please indicate below should you wish to purchase tickets to these functions.

Function	Cost	Number of Tickets	Payment
Thursday 11 September 2008			
Welcome Reception	\$70.00	[]	AUD\$
Ultrasound Symposium / Nurses Scientific Seminar Dinner	\$50.00	[]	AUD\$
Saturday 13 September 2008			
Vascular2008 Conference Dinner	\$130.00	[]	AUD\$
Total Payment Section D			AUD\$

SECTION E: ACCOMMODATION

Please remember to indicate first, second and third (1, 2 and 3) preferences in the appropriate box and forward the deposit for your first preference.

I would like to share with, or will be accompanied by:

Please tick type of room:

Single Smoking

Double Non Smoking

Twin

Other

Arrival date: _____ / _____ / _____

Departure date: _____ / _____ / _____

Hotel	Room Type	Preference	Rate per night	Deposit required
Hyatt Regency Adelaide	King / Twin Room	<input type="checkbox"/>	\$225.00	AUD\$
	Riverview King Room	<input type="checkbox"/>	\$250.00	AUD\$
	Regency City View Room single	<input type="checkbox"/>	\$285.00	AUD\$
	Regency City View Room double	<input type="checkbox"/>	\$315.00	AUD\$
	Regency Club River View Room single	<input type="checkbox"/>	\$310.00	AUD\$
	Regency Club River View Room double	<input type="checkbox"/>	\$340.00	AUD\$
	Regency Suite single	<input type="checkbox"/>	\$505.00	AUD\$
	Regency Suite double	<input type="checkbox"/>	\$535.00	AUD\$
Oaks Horizons	1 Bedroom Apartment	<input type="checkbox"/>	\$170.00	AUD\$
	2 Bedroom Apartment	<input type="checkbox"/>	\$230.00	AUD\$
Oaks Embassy	1 Bedroom Apartment	<input type="checkbox"/>	\$170.00	AUD\$
	2 Bedroom Apartment	<input type="checkbox"/>	\$230.00	AUD\$
Sebel Playford Adelaide	Playford Guest Room	<input type="checkbox"/>	\$209.00	AUD\$
	Deluxe Guest Room	<input type="checkbox"/>	\$229.00	AUD\$
	Studio Spa Suite	<input type="checkbox"/>	\$269.00	AUD\$
	Loft Suite	<input type="checkbox"/>	\$299.00	AUD\$
Stamford Plaza Adelaide	Guest Room	<input type="checkbox"/>	\$210.00	AUD\$

Please advise how you wish to pay for your accommodation:

Credit Card Guarantee One Night Deposit Full Pre-payment

Hyatt Regency Adelaide www.adelaide.regency.hyatt.com

Oaks Horizons www.theoaksgroup.com.au

Oaks Embassy www.theoaksgroup.com.au

Sebel Playford Adelaide www.mirvachotels.com.au

Stamford Plaza Adelaide www.stamford.com.au

