

REGISTRATION FORM

One registration form must be completed for each delegate.

PERSONAL INFORMATION

Title: Mr, Mrs, Ms, Miss, Dr, A/Prof, Prof.

First Name: _____

Family Name: _____

Organisation: _____

Position: _____

Address: _____

Suburb/City/Town: _____

State: _____ Post Code: _____

Telephone: _____ Fax: _____

Mobile: _____

Email: _____

SPECIAL DIETARY REQUIREMENTS/NEEDS

SECTION A - REGISTRATION DETAILS

EHA Member Full Registration \$ 1200.00 \$ _____

Non Member Full Registration \$ 1450.00 \$ _____

Developing Nations Full Registration \$ 600.00 \$ _____

Full registration includes, tea breaks and lunch each day, the Welcome Function and Conference Dinner. Please indicate below if you will not attend the Welcome Function and/or the Conference Dinner.

I will not be attending the Welcome Function on Tuesday

I will not be attending the Conference Dinner on Thursday

Student (Not Employed in Public Health) \$ 200.00 \$ _____

Student (Employed, inc IBL) Registration \$ 600.00 \$ _____

Retired Person Registration \$ 200.00 \$ _____

EHA Member Day Registration \$ 475.00 \$ _____

Non Member Day Registration \$ 575.00 \$ _____

Day registrants tick the day(s) attending

Wednesday Thursday Friday

SUB TOTAL SECTION A \$ _____

NB - Day, Student and Retired fees includes, tea breaks, and lunch each day however they exclude tickets to the Welcome Function & Conference Dinner. Tickets to these events can be purchased separately.

PAYMENT OF FEES

A tax invoice will be emailed to you. Payment can be made by cheque, EFT, Mastercard or Visa. Payment details will be outlined on the invoice.

CANCELLATION POLICY

By completing and sending this form it is understood that you have read and agreed to the cancellation policy outlined in this brochure

PRIVACY POLICY

Refer to the cancellation policy outlined in Registration Fees and Inclusions

SECTION B - ADDITIONAL TICKETS (IF REQUIRED)

Welcome Function (Tuesday Evening) \$55.00 \$ _____ per person

Conference Dinner (Thursday evening) \$110.00 \$ _____ per person

SUB TOTAL SECTION B \$ _____

SECTION C - ACCOMMODATION

Arrival Date: ____/11/2010 Departure Date: ____/11/2010

ROOM TYPE (Some room types may not be available at all hotels)

Double Single Twin Non smoking

HOTEL SELECTION (All accommodation is subject to availability. Bookings are not confirmed until your deposit payment is received)

Crown Promenade (4.5 Star) Single/Double/Twin Conference Venue
8 Whiteman Street, Southbank, Vic

\$220 Room only \$240 Room+1 bfast \$260 Room+2 bfast

Crown Metropol (5 Star) Single/Double/Twin Ajoined to Conference Venue
8 Whiteman Street, Southbank, Vic

\$245 Room only \$265 Room+1 bfast \$285 Room+2 bfast

Pensione Hotel Melbourne (4 Star) Petite Single/Double
16 Spencer Street, Melbourne, Vic

\$110 Petite Room only \$122 Petite Room+1 bfast

\$115 D/Room only \$127 D/Room+1 bfast

\$139 D/Room+2 bfast

Travel Lodge (4 Star) Single/Double

9 Riverside Quay, Southbank, Vic

\$150 Room only \$160 Room+1 bfast \$170 Room+2 bfast

ACCOMMODATION DEPOSIT (minimum of one night required)

I would like to be invoiced for

One night's accommodation Total accommodation cost

You will receive a tax invoice from your hotel on departure.

SUB TOTAL SECTION C \$ _____

GRAND TOTAL TOTAL A + B + C \$ _____

SECTION D - CONCURRENT & TECHNICAL TOURS

Must be completed by delegates attending Thursday 18th November

2.00pm Tour 1 Tour 2 (please circle one)

2.00pm A1 A2 A3 (please circle one)

2.40pm B1 A2 (please circle one)

3.40pm C1 A2 (please circle one)

CONTACT EHA National Conference Secretariat, (ph) 03 9018 9332

PO Box 776, Heathcote, Victoria 3523 (fx) 03 5433 3636

email: adam@conferencemanagement.com.au

web: www.eha.conferencemanagement.com.au