



## Registration Form

**PLEASE KEEP A COPY OF YOUR REGISTRATION DETAILS**

**This completed form is an accepted ATO tax invoice for the purposes of GST once payment is received. ABN 95 112 158 488.** Please ensure that you retain a copy of this form for taxation and reimbursement requirements. One form must be completed for each delegate. DELEGATE INFORMATION Faxed forms will only be accepted with credit card payment details - +61 (02) 9558 3822

**PERSONAL DETAILS** . Please use block letters.

(Ms/Mrs/Mr/Dr/Prof) Family name: \_\_\_\_\_ . First name: \_\_\_\_\_  
 Professional College: \_\_\_\_\_ CPD / CME: \_\_\_\_\_  
 Organisation: \_\_\_\_\_ . Department: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ . State: \_\_\_\_\_ . Postcode: \_\_\_\_\_ . Country: \_\_\_\_\_  
 Tel: (\_\_\_\_) \_\_\_\_\_ . Mobile: \_\_\_\_\_ . Email: \_\_\_\_\_

SPECIAL REQUIREMENTS or ASSISTANCE? *Please indicate:* \_\_\_\_\_

PRIVACY: Do you agree to have your contact details included on the delegate list?  Yes  No

CONFERENCE REGISTRATION FEES		Standard	Amount
ACM member		\$A700 <input type="checkbox"/>	
Non-member		\$A800 <input type="checkbox"/>	
Full time student **		\$A500 <input type="checkbox"/>	
One day registration		\$A450 <input type="checkbox"/>	
Fetal Surveillance Workshop+		\$A330 <input type="checkbox"/>	
Crisis Communication+		\$A165 <input type="checkbox"/>	
Social Communication+		\$A165 <input type="checkbox"/>	
Motivational Interviewing+		\$A270 <input type="checkbox"/>	
Birth Places & Assessment of Risk+		\$A270 <input type="checkbox"/>	
Antenatal Care Workshop+		\$A270 <input type="checkbox"/>	
Welcome reception # . Thursday evening (included in registration fee)	No. of tickets _____	\$A65 <input type="checkbox"/>	
Conference Dinner . Friday evening	No. of tickets _____	\$A125 <input type="checkbox"/>	
# Please indicate by placing with a tick if you are attending the Welcome Reception			
+ Workshops are not included in conference registration fee.		<b>TOTAL</b>	

\*\* Students must verify that they are fulltime students by forwarding a signed letter from their Head of Department to the Conference Managers.

I have read the Terms and Conditions of registration

**PAYMENT DETAILS**

Payment method -  MasterCard  Visa  
 Please tick appropriate box

Cheque/Money Order (Australian Dollars)  
 Payable to Remark Pty Ltd.

Card number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiry date: \_\_\_\_ / \_\_\_\_

Card holder's name \_\_\_\_\_

Signature \_\_\_\_\_  
 (please print)

Please send registration form with payment to:  
 BNL2012 Secretariat  
 Remark Pty Ltd  
 PO Box 10, Petersham NSW 2049  
 Tel: (+61 2) 9559 5229 Fax: (+61 2) 9558 3822  
 Email: [bnl@remark.com.au](mailto:bnl@remark.com.au)  
[www.breathingnewlife.remark.com.au](http://www.breathingnewlife.remark.com.au)

**Registration Cancellation Policy:** Cancellation of a registration must be notified in writing to Conference Management. Cancellations prior to 1<sup>st</sup> May 2012 will receive a refund less \$88 administration fee. No refund will be given for cancellation after 1st May 2012, however substitutions will be possible.