



# 26<sup>th</sup> Annual Scientific Meeting

30<sup>th</sup> – 31<sup>st</sup> October, 2009

City Hall,  
Newcastle, New South Wales

Australian and New Zealand College of Perfusionists

ABN 59 896 655 656

## Registration Form / Tax Invoice

Select registration level (  ) - prices are in Australian dollars (AUD) and include GST

	Member	Non Member
Prior to 25 Sep 2009	<input type="checkbox"/> \$ 700	<input type="checkbox"/> \$ 850
After 25 Sep 2009	<input type="checkbox"/> \$ 750	<input type="checkbox"/> \$ 900
Registration for presenting attendees	<input type="checkbox"/> \$ 550	<input type="checkbox"/> \$ 700
Registration for Students		<input type="checkbox"/> \$ 270
Single day Registration Nurses/Technicians, meeting only		<input type="checkbox"/> \$ 250
Total		

\* NOTE: A \$50 surcharge will apply to on site registrations

Registration includes lunch, morning & afternoon tea, Friday night pre-dinner drinks at the Maritime Centre and dinner at Silo restaurant, and Saturday night black-tie dinner at City Hall.

Partners, family, and friends of registrants are welcome to attend the Social Programme events. Please indicate below the required number of **additional** bookings.

	Friday dinner	Saturday dinner	Sunday Tour
Cost per guest	<input type="checkbox"/> \$ 120	<input type="checkbox"/> \$ 150	<input type="checkbox"/> \$ 60
No. of guests			
Total			

Select a payment method (  ) - Australian dollars (AUD) only

Direct Transfer to ANZCP ASM

( Westpac : BSB 035048 Account 233794 )

**Ensure your name appears on the transaction**

Date of Transfer: \_\_\_\_\_

Cheque / Money Order enclosed, payable to "ANZCP ASM"

Visa      Credit Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

Mastercard      Name on Card \_\_\_\_\_

Bankcard      Signature \_\_\_\_\_

### Registration details :

Name \_\_\_\_\_

Address \_\_\_\_\_

City / State / Country \_\_\_\_\_ Postcode \_\_\_\_\_

Tel \_\_\_\_\_ e-mail \_\_\_\_\_

Return the completed Registration Form to:

Ken Gall  
Operating Suite  
John Hunter Hospital  
Locked Bag 1  
Hunter Region Mail Centre  
New South Wales 2310  
Australia

Tel + 61 2 4921 4313  
FAX + 61 2 4921 4298  
Mob. + 61 4 0945 1309  
email Kenneth.Gall@hnehealth.nsw.gov.au

**This form becomes a TAX INVOICE upon receipt of payment**