

# REGISTRATION FORM



**PLEASE PRINT CLEARLY** AND RETURN COMPLETED FORM WITH PAYMENT TO:

RANZCR Perth 2010 Secretariat  
EECW Pty Ltd  
PO Box 749 WEMBLEY WA 6913

**OR FAX TO** (08) 9389 1499 – International fax: +61 8 9389 1499

FOR OFFICE USE ONLY

Ref No: \_\_\_\_\_

Date received: \_\_\_\_\_

C/C Approval: \_\_\_\_\_

Completed By: \_\_\_\_\_

Date: \_\_\_\_\_

**PRIVACY STATEMENT:** In registering for this event relevant details may be incorporated into a delegate list for the benefit of all delegates, sponsors, exhibitors, The RANZCR, EECW Pty Ltd and other parties directly related to the Meeting. If you do not wish to have your name and contact details provided to the above mentioned parties or for future promotion, please tick this box

THIS REGISTRATION FORM IS A TAX INVOICE ABN 82 064 781 568.

Please note: All fees quoted are in Australian Dollars and inclusive of GST.

## SECTION 1: DELEGATE INFORMATION

Family Name:	Title:	First Name:	
Organisation:			
Position:			
Postal Address:			
Suburb:	State:	Country:	Postcode:
Telephone: ( )		Fax: ( )	
Email:		Mobile:	
Name as you wish it to appear to appear on your name badge:			
Dietary and Special Requirements:			
Accompanying Partner Name Badge:			
Accompanying Partner Dietary and Special Requirements:			

## RANZCR PERTH 2010 FAMILY NETWORK

Why not meet with fellow families in Perth and plan activities together to experience what Perth has to offer? It's easy to make contact just provide us with your family details and contact information on the registration form and closer to the ASM we will contact you to provide further details and suggested itineraries you may wish to undertake.

Main Contact Name:	Mobile Number:	Email:
Children's Name & Ages: 1/		2/
3/		4/

## SECTION 2: (please advise if applicable)

Registrar in Training  Within 5 Years of Fellowship

# REGISTRATION FORM

FAMILY NAME: \_\_\_\_\_



## SECTION 3: REGISTRATION FEES

REGISTRATION TYPE	EARLY BIRD REGISTRATION CLOSES 23 JULY 2010	STANDARD REGISTRATION CLOSES 29 SEPT 2010	LATE REGISTRATION FROM 30 SEPT 2010
<b>FULL REGISTRATION (14 – 17 October 2010)</b>			
Radiology Full Registration	<input type="checkbox"/> \$1350	<input type="checkbox"/> \$1550	<input type="checkbox"/> \$1800
Radiology Registrar Full Registration	<input type="checkbox"/> \$1100	<input type="checkbox"/> \$1300	<input type="checkbox"/> \$1550
Radiation Oncology Full Registration	<input type="checkbox"/> \$1350	<input type="checkbox"/> \$1550	<input type="checkbox"/> \$1800
Radiation Oncology Registrar Full Registration	<input type="checkbox"/> \$1100	<input type="checkbox"/> \$1300	<input type="checkbox"/> \$1550
Allied Health Professional Full Registration	<input type="checkbox"/> \$1100	<input type="checkbox"/> \$1300	<input type="checkbox"/> \$1550
Retired Member Full Registration	<input type="checkbox"/> \$1100	<input type="checkbox"/> \$1300	<input type="checkbox"/> \$1550
<b>WEEKEND REGISTRATION (16 – 17 October 2010)</b>			
Radiology Weekend Registration	<input type="checkbox"/> \$925	<input type="checkbox"/> \$1025	<input type="checkbox"/> \$1200
Radiology Registrar Weekend Registration	<input type="checkbox"/> \$700	<input type="checkbox"/> \$825	<input type="checkbox"/> \$900
Radiation Oncology Weekend Registration	<input type="checkbox"/> \$925	<input type="checkbox"/> \$1025	<input type="checkbox"/> \$1200
Radiation Oncology Registrar Weekend Registration	<input type="checkbox"/> \$700	<input type="checkbox"/> \$825	<input type="checkbox"/> \$900
Allied Health Professional Weekend Registration	<input type="checkbox"/> \$725	<input type="checkbox"/> \$825	<input type="checkbox"/> \$900
Retired Member Weekend Full Registration	<input type="checkbox"/> \$725	<input type="checkbox"/> \$825	<input type="checkbox"/> \$900
<b>DAY REGISTRATION</b>			
Radiology Day Registration	<input type="checkbox"/> \$670	<input type="checkbox"/> \$670	<input type="checkbox"/> \$670
Radiology Registrar Day	<input type="checkbox"/> \$570	<input type="checkbox"/> \$570	<input type="checkbox"/> \$570
Radiation Oncology Day Registration	<input type="checkbox"/> \$670	<input type="checkbox"/> \$670	<input type="checkbox"/> \$670
Radiation Oncology Registrar Day	<input type="checkbox"/> \$570	<input type="checkbox"/> \$570	<input type="checkbox"/> \$570
Allied Health Professional Day Registration	<input type="checkbox"/> \$570	<input type="checkbox"/> \$570	<input type="checkbox"/> \$570
Retired Member Day Registration	<input type="checkbox"/> \$570	<input type="checkbox"/> \$570	<input type="checkbox"/> \$570
Please advise day(s) of attendance:	<input type="checkbox"/> Thur	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat
		<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
<b>EXHIBITOR REGISTRATION</b>			
Premium Exhibitor Registration inclusive of booth	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
Premium Exhibitor Registration	<input type="checkbox"/> \$750	<input type="checkbox"/> \$850	<input type="checkbox"/> \$900
Basic Exhibitor Registration	<input type="checkbox"/> \$450	<input type="checkbox"/> \$550	<input type="checkbox"/> \$600
<b>ACCOMPANING PARTNER REGISTRATION</b>			
Radiology Partner	<input type="checkbox"/> \$260	<input type="checkbox"/> \$260	<input type="checkbox"/> \$260
Radiation Oncology Partner	<input type="checkbox"/> \$390	<input type="checkbox"/> \$390	<input type="checkbox"/> \$390
Name Badge Only	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
<b>SUB TOTAL SECTION 3</b>	<b>\$</b>		

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FAMILY NAME: \_\_\_\_\_

## SECTION 4: SOCIAL PROGRAM

DATE	FUNCTION		COST (Per Person)	ATTENDANCE	NO. OF TICKETS	TOTAL COST
14 Oct	WELCOME RECEPTION 1700 – 1830	Full Registration	Inclusive	Yes/No	1	Nil
		Premium & Basic Exhibitor Registration	Inclusive	Yes/No	1	Nil
		Partner Registration	Inclusive	Yes/No	1	Nil
		Additional Ticket	\$60			
14 Oct	TRAINEE AND JUNIOR RADIOLOGISTS RECEPTION (if eligible) 1900 – 2200	Radiology Registrar Full Registration	Inclusive	Yes/No	1	Nil
		Radiology Full Registration within 5 years of Fellowship	Inclusive	Yes/No	1	Nil
		Additional Ticket	\$120			
14 Oct	FACULTY OF RADIATION ONCOLOGY DINNER (if eligible) 1900 – 2300	Radiation Oncology Full Registration	Inclusive	Yes/No	1	Nil
		Radiation Oncology Registrar Full Registration	Inclusive	Yes/No	1	Nil
		Partner Registration	Inclusive	Yes/No	1	Nil
		Additional Ticket	\$130			
15 Oct	THE FRIDAY SESSION 1600 – 1730	Full Registration	Inclusive	Yes/No	1	Nil
		Premium & Basic Exhibitor Registration	Inclusive	Yes/No	1	Nil
		Additional Ticket	\$50			
15 Oct	PRESIDENT'S RECEPTION 1900 – 2200	Full Registration	Inclusive	Yes/No	1	Nil
		Partner Registration	Inclusive	Yes/No	1	Nil
		Premium Exhibitor	Inclusive	Yes/No	1	Nil
		Additional Ticket	\$120			
16 Oct	ANNUAL GALA DINNER 1900 – late	Full Registration	Inclusive	Yes/No	1	Nil
		Partner Registration	Inclusive	Yes/No	1	Nil
		Premium Exhibitor	Inclusive	Yes/No	1	Nil
		Weekend Registration	Inclusive	Yes/No	1	Nil
		Additional Ticket	\$130			
<b>SUB TOTAL SECTION 4</b>				\$		

## SECTION 5: PARTNERS PROGRAM

DATE	DETAILS	COST (Per Person)	NO. OF TICKETS	TOTAL COST
14 Oct	Afternoon delights: Swan Valley Tour	\$65		
16 Oct	How to Shoot the Kids Photography Class	\$80		
<b>SUB TOTAL SECTION 5</b>				\$

## SECTION 6: RESERVED PARKING – Reserved Parking bookings close Friday 3 September 2010.

DATE	COST PER DAY/PER BAY	NO. OF PASSES REQUIRED	TOTAL COST
14 Oct	\$28.00		
15 Oct	\$28.00		
16 Oct	\$28.00		
17 Oct	\$28.00		
<b>SUB TOTAL SECTION 6</b>			\$

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FAMILY NAME: \_\_\_\_\_

## SECTION 7: ACCOMMODATION

Accommodation bookings close **Friday 3 September 2010** all bookings are subject to availability at time of registration.

A deposit of one night's payment for your nominated hotel or a credit card number is required with registration to secure your booking. Please note your credit card details will be forwarded onto the hotel to secure the booking only, and no monies will be deducted by the Meeting Secretariat. The hotel at its discretion may choose to debit your credit card for one night's accommodation.

Arrival Date: \_\_\_ / \_\_\_ / 2010    ETA: \_\_\_\_\_    Departure Date: \_\_\_ / \_\_\_ / 2010

	COST (Per night)	PREFERENCE (1-3)	ROOM TYPE (Please indicate)
1. Parmelia Hilton	\$285		Queen Guest Room <input type="checkbox"/> Single <input type="checkbox"/> Double
2. Mounts Bay Water Apartment Hotel	\$248		<input type="checkbox"/> One Bedroom Apartment
	\$314		<input type="checkbox"/> Two Bedroom, One Bathroom Apartment
	\$354		<input type="checkbox"/> Two Bedroom, Two Bathroom Apartment
3. Somerset St Georges Tce	\$225		Deluxe Superior <input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Double
4. Rydges Perth	\$219		Superior Room <input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Double
5. Sullivans Hotel	\$179		Standard Room <input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Double
6. Citigate Hotel	\$195		Superior Room <input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Double
7. Duxton Hotel	\$265		Deluxe Room <input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Double
8. Sheraton Hotel	\$215		Standard Room <input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Double
9. Hyatt Regency Hotel	\$210		
Total No. of Nights Stay		Special Requests:	
<b>SUB TOTAL SECTION 7</b>		<b>\$</b>	

If you are sharing or accompanied by another person in a Twin/Double/Queen room please advise name \_\_\_\_\_

Please use my credit card to secure my accommodation booking as outlined in the Payment Details Section.  
(credit card must be in the name of the delegate).

## SECTION 8: PAYMENT

<b>SUBTOTAL SECTION 3: \$</b>	<b>SUBTOTAL SECTION 6: \$</b>	<b>TOTAL \$</b>
<b>SUBTOTAL SECTION 4: \$</b>	<b>SUBTOTAL SECTION 7 (Not applicable if providing credit card details to guarantee booking): \$</b>	
<b>SUBTOTAL SECTION 5: \$</b>		

### CREDIT CARD PAYMENT

NB: "EECW" will be shown on your statement for this transaction.

Please charge \$ \_\_\_\_\_ to my:  MasterCard  Visa  Amex

Cardholders Name: \_\_\_\_\_ Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CHEQUES

Please make cheques payable to 'RANZCR 2010 Perth ASM' and forward to:  
RANZCR Perth 2010  
PO Box 749, Wembley WA 6913

### CANCELLATION POLICY

I understand and accept the terms of the cancellation policy as outline on Page 17.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_