



Epilepsy Society of Australia 25TH Annual Scientific Meeting

2 – 4 November 2011
Brisbane Convention and Exhibition Centre

Registration Form

Register online via www.sapmea.asn.au/esa2011
Or please complete this form, take a copy for your records and forward it to:
ESA 2011
C/- **sapmea**
U12, 202 Glen Osmond Road, FULLARTON SA 5063
Fax: +61 8 8274 6000

Section A: Delegate Details

Title (Prof/Dr/Mr/Mrs/Ms/Miss) _____ First Name: _____ Surname: _____
 Hospital/Organisation: _____ Position: _____
 Postal Address: _____
 City/Town: _____ State: _____ Postcode: _____
 Telephone () _____ Facsimile () _____ Mobile () _____
 Email: _____
 Special requirements e.g. dietary, disabilities etc _____
 Privacy I do not wish for my personal details to be included in the Delegate List, which will be circulated to all delegates and trade exhibitors at the conference.

Section B: Registration Fees

Please tick the appropriate box to indicate your registration type. All registration fees are quoted in Australian Dollars and include GST. All registrations must be accompanied by FULL PAYMENT.

	Earlybird On or Before 21 September	Standard From 22 September
ESA Member*	<input type="checkbox"/> \$545.00	<input type="checkbox"/> \$595.00
Non-Member	<input type="checkbox"/> \$710.00	<input type="checkbox"/> \$760.00
Member - Special Group **	<input type="checkbox"/> \$450.00	<input type="checkbox"/> \$500.00
Non-Member - Special Group **	<input type="checkbox"/> \$533.00	<input type="checkbox"/> \$583.00
Full Time Student***	<input type="checkbox"/> \$340.00	<input type="checkbox"/> \$390.00
Day Registration Member	<input type="checkbox"/> \$250.00	<input type="checkbox"/> \$250.00
Please specify day attending:	<input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	
Day Registration Non-Member	<input type="checkbox"/> \$270.00	<input type="checkbox"/> \$270.00
Please specify day attending:	<input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	
Registration Included in Sponsorship/ Exhibition Booth	<input type="checkbox"/> \$0.00	<input type="checkbox"/> \$0.00
Additional Trade Delegate	<input type="checkbox"/> \$350.00	<input type="checkbox"/> \$350.00
Epilepsy: Top Of Mind Post-Meeting Symposium	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$60.00

*The ESA Member rate applies to delegates who are financial ESA Members for the 2011/2012 membership period. You may join the ESA at the time of registration to obtain the member rate. See Section D

**Special Groups include Neurology Trainees Technologist Staff, Lay Workers, Nurses and Allied Health Professionals. Please provide a letter of verification with your completed registration form.

***Students should provide a letter from their Educational Institutions confirming their status as a full time student. Please fax evidence of your student status to the Meeting Organiser on +61 8 8274 6000. The Welcome Reception and Meeting Dinner are NOT included.

Section B: Sub Total \$

SECTION C: Social Functions

Costs are included in the full registration fee unless otherwise indicated (excludes student registration).

Please tick if you will be attending.

*****Catering cannot be guaranteed unless this section is completed*****

Welcome Reception, Wednesday 2 November, 1700-1830, Boulevard Auditorium Foyer

I will attend (Full Delegate included)

Extra tickets _____ @ \$60.00each \$ _____

Meeting Dinner, Thursday 3 November, 1900-2300, South Bank River Room

I will attend (Full Delegate included)

Extra tickets _____ @ \$130.00each \$ _____

Section C: Sub Total \$ _____

SECTION D: ESA Membership

Please fill out if you would like to take the opportunity to pay for your Annual ESA Membership for the 2011/2012 year.

For membership eligibility please visit: www.epilepsy-society.org.au

I do not wish for my personal details to be released to ILAE

Full Member \$165.00

Special Groups \$82.50

I would also like to make a tax deductible donation to the ESA Foundation Fund of:

\$100.00 \$50.00 \$25.00 Other Amount: _____

Section D: Sub Total \$ _____

SECTION E: Accommodation

Availability of accommodation cannot be guaranteed after Friday 30th September 2011.

I will pay the accommodation in full with my registration

Please forward my credit card details to the hotel

Hotel Preference: _____ Type of Room: _____

Sharing With: _____

Date of Arrival: _____ Date of Departure: _____

Special Requirements (Mobility etc) _____

Section E: Sub Total \$ _____

PAYMENT

All fees include GST and are quoted in Australian Dollars.

Section B: Registration Fee \$ _____

Section C: Social Functions \$ _____

Section D: ESA Membership \$ _____

Section E: Accommodation \$ _____

TOTAL \$ _____

Method of Payment

Please find attached a cheque payable to **sapmea**

Please charge my credit card

Visa Mastercard Diners Amex

Cardholder's Name: _____ Card Number: _____

Expiry Date: _____ Authorised Amount AUD\$ _____

Verification Number: _____ Signature: _____

Important Notes: • This form will be a tax invoice for GST purposes when you make a payment.

• Please retain the original copy for your records. ABN: 42 145 490 048

• Payments on-line with your credit card will appear on your statement as a transaction with **sapmea**