



RANZCO 2010 registration form

SECTION 1: DELEGATE DETAILS

TITLE: PROF A/PROF DR MR MRS MS MISS OTHER: _____

SURNAME: _____

GIVEN NAME: _____

PREFERRED NAME FOR NAME BADGE: _____

ID NUMBER (RANZCO MEMBERS): _____

ORGANISATION/INSTITUTION: _____

POSITION: _____

ADDRESS: _____

SUBURB: _____ STATE: _____ POSTCODE: _____

COUNTRY: _____

TELEPHONE: _____ FACSIMILE: _____

MOBILE: _____

E-MAIL: _____

SPECIAL REQUIREMENTS (DIETARY/MOBILITY): _____

ACCOMPANYING PERSON'S NAME (if participating in Congress Activities):

SPECIAL REQUIREMENTS (DIETARY/MOBILITY): _____

SECTION 2: REGISTRATION FEES

Please tick the appropriate box to indicate your registration type. All registration fees are quoted in Australian Dollars and include GST. **Members must be currently financial.**

	EARLY BIRD RATE On/Before 30/09/2010	STANDARD RATE After 30/09/2010	LATE RATE After 2/11/2010
RANZCO MEMBERS			
Fellows in Australia or NZ	<input type="checkbox"/> n/a	<input type="checkbox"/> n/a	<input type="checkbox"/> \$500
Fellows – Over 70 years Retired	<input type="checkbox"/> n/a	<input type="checkbox"/> n/a	<input type="checkbox"/> \$500
Fellows – Over 70 years in Practise	<input type="checkbox"/> \$500	<input type="checkbox"/> \$550	<input type="checkbox"/> \$600
Fellows – Retired in Australia or NZ	<input type="checkbox"/> \$500	<input type="checkbox"/> \$550	<input type="checkbox"/> \$600
Fellows Overseas	<input type="checkbox"/> \$500	<input type="checkbox"/> \$550	<input type="checkbox"/> \$600
Trainee Associates in Australia or NZ	<input type="checkbox"/> \$500	<input type="checkbox"/> \$550	<input type="checkbox"/> \$600
Australian or NZ Trainees Overseas	<input type="checkbox"/> \$500	<input type="checkbox"/> \$550	<input type="checkbox"/> \$600
Ordinary Associate Members	<input type="checkbox"/> \$500	<input type="checkbox"/> \$550	<input type="checkbox"/> \$600
International Members	<input type="checkbox"/> n/a	<input type="checkbox"/> n/a	<input type="checkbox"/> \$500
Practice Manager Associate Members	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350
NON MEMBERS			
Ophthalmologists	<input type="checkbox"/> \$1500	<input type="checkbox"/> \$1650	<input type="checkbox"/> \$1760
Ophthalmic Nurses	<input type="checkbox"/> \$500	<input type="checkbox"/> \$550	<input type="checkbox"/> \$600
Practice Managers	<input type="checkbox"/> \$500	<input type="checkbox"/> \$550	<input type="checkbox"/> \$600
Vision Scientists, Junior Doctors and Medical Students (Concession registrations may be available when written application to: margdunn@ranzco.com)	<input type="checkbox"/> \$500	<input type="checkbox"/> \$550	<input type="checkbox"/> \$600
Day Attendance (Per Day)	<input type="checkbox"/> \$400	<input type="checkbox"/> \$450	<input type="checkbox"/> \$500
Please indicate day/s of attendance:	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday
REGISTRATION SUB TOTAL:			\$ _____

SECTION 3 - SOCIAL FUNCTIONS

Catering cannot be guaranteed unless this section is completed. Please tick if you will be attending.

SATURDAY 20 NOVEMBER			
Welcome Reception	Number: _____	@ \$75	TOTAL \$ _____
SUNDAY 21 NOVEMBER			
Opening Ceremony/President's Reception	Included: <input type="checkbox"/> YES	<input type="checkbox"/> NO	
Additional tickets	Number: _____	@ \$75	TOTAL \$ _____
TUESDAY 23 NOVEMBER			
Congress Dinner	Number: _____	@ \$150	TOTAL \$ _____
SOCIAL SUB TOTAL:			\$ _____

SECTION 4: INDUSTRY BREAKFAST SESSIONS

Please tick to indicate your attendance. Entry is limited to ticket holders only

MONDAY 22 NOVEMBER	Alcon Glaucoma Breakfast	<input type="checkbox"/> YES	<input type="checkbox"/> NO
TUESDAY 23 NOVEMBER	Allergan Breakfast	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WEDNESDAY 24 NOVEMBER	Novartis Breakfast	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECTION 5: SATURDAY WORKSHOPS

Please tick to indicate your attendance

ANZSRS (1230 – 1700)	\$0	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Reconnecting with patients (1000 – 1200)	\$150	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Reconnecting with patients (1400 - 1600)	\$150	<input type="checkbox"/> YES	<input type="checkbox"/> NO
An Introduction to The Private Practice course (1000 - 1200)	\$150	<input type="checkbox"/> YES	<input type="checkbox"/> NO
An Introduction to The Private Practice course (1400 - 1600)	\$150	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Principles of Audit (1000 – 1200)	\$150	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Introduction to Risk Management (1400 – 1600)	\$150	<input type="checkbox"/> YES	<input type="checkbox"/> NO

WORKSHOPS SUB TOTAL: \$ _____

SECTION 6: ACCOMPANYING PERSONS ACTIVITIES

Please note these activities are not included in your registration fee and must be paid per delegate/partner.

	COST	NUMBER	DATE	SUB TOTAL
Adelaide City Highlights (adult)	\$59	_____	_____	\$ _____
Adelaide City Highlights (child 14 yrs)	\$30	_____	_____	\$ _____
Morning Central Market	\$55	_____	_____	\$ _____
Adelaide Hills and Hahndorf (adult)	\$59	_____	_____	\$ _____
Adelaide Hills and Hahndorf (child 14 yrs)	\$30	_____	_____	\$ _____
Kangaroo Island Highlights (adult)	\$238	_____	_____	\$ _____
Kangaroo Island Highlights (child 14 yrs)	\$152	_____	_____	\$ _____

ACTIVITIES SUB TOTAL: \$ _____

SECTION 7: POST COONAWARRA TOUR

Please note that this Tour is not included in your registration fee and must be paid per delegate/partner. For further information on this Tour, please refer to the flyer provided on the website or with your registration pack.

24-26 NOVEMBER

<input type="checkbox"/> Delegate Fee	Number: _____	@ \$365	TOTAL \$ _____
<input type="checkbox"/> Partner Fee	Number: _____	@ \$290	TOTAL \$ _____

COONAWARRA SUB TOTAL: \$ _____

SECTION 8: ACCOMMODATION

To secure your booking you are required to provide full accommodation payment or credit card details

1ST PREFERENCE: _____

2ND PREFERENCE: _____

TYPE OF ROOM (SINGLE/DOUBLE/TWIN): _____

SHARING WITH: _____

DATE OF ARRIVAL: _____ DATE OF DEPARTURE: _____

SPECIAL REQUIREMENTS: _____

I will pay the accommodation in full with my registration

Please forward my credit card details to the hotel

ACCOMMODATION SUB TOTAL: \$ _____

SUMMARY OF PAYMENTS

All fees include GST and are quoted in Australia Dollars

REGISTRATION SUB TOTAL: \$ _____

SOCIAL SUB TOTAL: \$ _____

WORKSHOPS SUB TOTAL: \$ _____

ACTIVITIES SUB TOTAL: \$ _____

COONAWARRA SUB TOTAL: \$ _____

ACCOMMODATION SUB TOTAL: \$ _____

TOTAL: \$ _____

METHOD OF PAYMENT

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

Bank transfer has been made to **sapmea**

Please charge my credit card:

Visa

Mastercard

AMEX

Diners

Cardholder's Name: _____

Card Number: _____

Expiry Date: _____ Verification Number: _____

Authorized Amount AUD\$: _____

Signature: _____

NOTE: This document will be a tax invoice for GST when you make a payment

ABN: 42 145 490 048

Please retain the original copy for your records