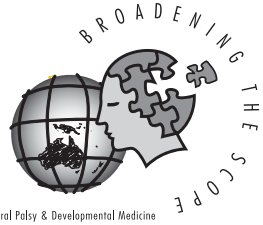
Registration Form



Broadening The Scope • *AusACPDM 2008*
Australasian Academy of Cerebral Palsy & Developmental Medicine
Hotel Sofitel, Brisbane • 10 – 13 April 2008

TAX INVOICE
ABN 31 074 612 687

OFFICE USE ONLY
CLIENT #
DATE RECEIVED: / /
DATE PROCESSED: / /

Delegate Information

DELEGATE NAME:
Title First Name Family Name

PROFESSIONAL DISCIPLINE:

ORGANISATION NAME:

POSTAL ADDRESS:

CITY: STATE:

POSTCODE: COUNTRY:

PHONE WORK:

PHONE HOME:

FAX:

EMAIL:

MOBILE:

NAME FOR BADGE (if different from above):

DELEGATE STATUS:

☐ FULL REGISTRATION ☐ INVITED SPEAKER ☐ TRADE REPRESENTATIVE
☐ 1 DAY REGISTRATION Please specify day ☐ FRIDAY ☐ SATURDAY

A. Pre Conference Workshops

	Cost pp	No.	Total $
WORKSHOP 1 (Musculoskeletal Surgery – what's the dose?) Thursday 10 April • 1.00pm	$85 pp	☐	
WORKSHOP 2 (Management of Pediatric Patients with ITB Therapy) Thursday 10 April • 4.30pm	$85 pp	☐	

Sub Total A. $

B. Social Program

	Cost pp	No.	Total $
ANNUAL CONFERENCE DINNER: River Canteen, Boardwalk, South Bank Saturday 12 April • 7.00pm	$85 pp	☐	

Sub Total B. $

C. Accommodation (All hotel prices are per room per night)

SOFITEL HOTEL
☐ CLASSIC ROOM $200 ☐ SINGLE ☐ TWIN ☐ DOUBLE

OAKS LEXICON APARTMENTS
☐ ONE BEDROOM APARTMENT $179
☐ TWO BEDROOM APARTMENT $269

RENDEVOUS HOTEL
☐ STUDIO $166 (1 queen/ 2 single beds)
☐ ONE BEDROOM APARTMENT $190 (1 queen bed)
☐ TWO BEDROOM APARTMENT $342 (2 queen beds/1 queen & 2 single beds)

If twin sharing accommodation, please state sharer's name:

The room will be reserved in one name only, so please forward one deposit.

DATE IN: / /
DATE OUT: / /

Full payment: Sub Total C. $

OR: tick box ☐ **Use credit card number (quoted at right) as guarantee**

Concurrent Workshops

Concurrent Workshops 1. *will run concurrently as part of the program from 3.30pm Friday 11 April*
☐ 1A. PRETERM FOLLOW UP ***or*** ☐ 1B. ORTHOPAEDIC SURGERY ***or***
☐ 1C. UPPER LIMB MANAGEMENT ***or*** ☐ 1D. OUTCOMES

Concurrent Workshops 2. *will run concurrently as part of the program from 1.45pm Saturday 12 April*
☐ 2A. HEMIPLEGIA ***or*** ☐ 2B. ORTHOPAEDIC SURGERY ***or***
☐ 2C. UPPER LIMB MANAGEMENT ***or*** (max. 20–25 participants) ☐ 2D. OUTCOMES

Concurrent Workshops 3. *will run concurrently as part of the program from 11.00am Sunday 13 April*
☐ 3A. SPASTICITY MANAGEMENT/ PHYSICAL ACTIVITY ***or***
☐ 3B. ORTHOPAEDIC SURGERY ***or*** ☐ 3C. UPPER LIMB MANAGEMENT ***or*** (max. 20–40 participants)
☐ 3D. OUTCOMES

D. Breakfast Sessions

	Cost pp	No.	Total $
PRE-CONFERENCE BREAKFAST: ***Techniques with Botulinum Toxin-A*** Friday 11 April • 7.15am	$35 pp	☐	
BREAKFAST: ***Physical activity, energy, nutrition and meal times: how do these relate in children with a physical disability?*** Saturday 12 April • 7.15am	$35 pp	☐	

Sub Total D. $

E. Registration Fees

	before 9 Feb 08	after 9 Feb 08	No.	Total $
FULL REGISTRATION 2.5 DAYS *(Includes 2 year Academy subscription)*	$550.00	$650.00	☐	
ONE DAY REGISTRATION	$300.00	$350.00	☐	

Sub Total E. $

Delegate Register

The Secretariat customarily compiles a delegate list of attendees for inclusion in Conference satchels.

☐ ***Please tick this box if you require your name to be deleted from this register.***

In line with privacy legislation, details you supply on this form will be used by AusACPDM for Conference matters only.

Payment Summary

Sub Total A. $
Sub Total B. $
Sub Total C. $
Sub Total D. $
Sub Total E. $
GRAND TOTAL $

Payment Details

In Australian dollars only. Cheques made payable to: **AusACPDM CONFERENCE 2008**

☐ BANK CHEQUE ☐ PERSONAL CHEQUE (Australia only) OR CREDIT CARD:
☐ MASTERCARD ☐ VISA **EXPIRY DATE: /**

Without your EXPIRY DATE, transaction cannot be validated

No.

Name as on card:

Authorising Signature:

REGISTER ONLINE at **www.dcconferences.com.au/ausacpdm2008** *or complete form & return with your payment to the Conference Secretariat*

DC Conferences Pty Ltd • PO Box 637, North Sydney NSW 2059 • Phone 61 2 9954 4400 • Fax 61 2 9954 0666 • Email ausacpdm2008@dcconferences.com.au