



REGISTRATION FORM page 1 of 2

Paying by Visa, Mastercard or Australian Bankcard – please register online at www.hmricancerconference.com

Please complete both sides of this form – one delegate per form only – and fax to 02 4984 2755.

Faxed registration forms will only be accepted with EFT or American Express payments. If paying by cheque, please mail the registration form to the Conference Secretariat with cheque attached, payable to Tulips/HMRI 2008.

This completed registration form is a TAX INVOICE for the purposes of the Australian GST after payment is received.

Delegate Information

Title: Prof Dr Mr Mrs Miss Ms

Given Name:

Family Name:

Position held:

Organisation:

Address:

Suburb:

State: Postcode: Country:

Business phone:

Facsimile:

Mobile:

Email:

Your name and organisation as you wish it to appear on your name badge:

Given Name:

Family Name:

Organisation:

In the case of an emergency, please contact:

Name:

Telephone:

Please indicate special dietary requirements or special needs:

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Registration Fees (inclusive of GST)

Full Registration	Until 11th July 2008	After 11th July 2008	COST
<input type="checkbox"/> Full Registration	\$396.00	\$451.00	\$.....
<input type="checkbox"/> Student Full Registration	\$297.00	\$330.00	\$.....
<input type="checkbox"/> Exhibitor/Sponsor Registration			

Partial Registration (per day)

<input type="checkbox"/> Conference Day Registration Thursday 11 September	\$198.00	\$220.00	\$.....
<input type="checkbox"/> Conference Day Registration Friday 12 September	\$198.00	\$220.00	\$.....

REGISTRATION FEES TOTAL \$.....

Conference Secretariat Tulips Meetings Management | ABN: 32 003 901 657
PO Box 116, Salamander Bay NSW 2317 | Phone: (02) 4984 2554 | Fax: (02) 4984 2755 | Email: hmricc@pco.com.au
Conference website: www.hmricancerconference.com

In partnership with our community:

Social Program

Delegates - Social Events included in the full registration fee

- I will be attending the Welcome Supper on Wednesday 10 September
- I am unable to attend the Welcome Supper on Wednesday 10 September
- I will be attending the Conference Dinner on Thursday 11 September
- I am unable to attend the Conference Dinner on Thursday 11 September

Additional tickets to Social Events

- Welcome Supper at \$55.00 per person (for day delegates or accompanying* persons)
- Conference Dinner at \$99.00 per person (for day delegates or accompanying* persons)

COST
 \$.....
 \$.....

* Name of accompanying person/s: (for name badge)

Accompanying persons are not registered delegates. If you would like to register an additional delegate from your organisation please complete a separate registration form and enclose the appropriate fee.

SOCIAL PROGRAM TOTAL \$.....

Accommodation

Please refer to the accommodation page in the conference brochure or visit the conference website www.hmricancerconference.com for accommodation details.

- Accommodation is NOT required
- Please book accommodation as selected below – complete all fields

Arrival date: **Departure date:** **Number of nights accommodation required:**

Estimated time of arrival: I would like to request a smoking room

Name of hotel/motel preference 1:

Room Type Preference 1 _____ Rate per room/apartment per night \$.....

Room Type Preference 2 _____ Rate per room/apartment per night \$.....

Name of hotel/motel preference 2:

Room Type Preference 1 _____ Rate per room/apartment per night \$.....

Room Type Preference 2 _____ Rate per room/apartment per night \$.....

Adults: Children: Age of children:/...../.....

Please indicate bedding configuration required: (box) Single (box) Double (box) Twin* (box) Triple*

*If sharing accommodation with other delegates, please advise name/s:

- Please give the credit card details below, to the hotel as a guarantee for my accommodation OR
- I have included a deposit of \$_____ in my cheque or EFT payment (minimum of one night's accommodation)

Accommodation Note: Any outstanding balances must be paid on departure. GST does not apply to hotel deposits. Tax invoices for accommodation will be issued by the hotel at time of departure. For all accommodation options, please contact the Conference Secretariat, Tulips Meetings Management, email: hmrcc@pco.com.au or visit www.hmricancerconference.com

Payment Details ABN: 32 003 901 657

Delegate Registration fees total \$.....

Social Program total \$.....

Accommodation total \$.....

GRAND TOTAL \$.....

- I have enclosed a cheque (payable to "Tulips/HMRI 2008") OR
- Payment has been made by EFT – transfer record faxed or emailed to hmrcc@pco.com.au OR
- Please charge my credit card: (Please tick)
- Bankcard Mastercard Visa American Express

Cardholders Signature:..... Cardholders Name (Please print):

Card Number: ____/____/____/____/____/____/____/____/____/____/____/____

Expiry Date: ____/____ Amount: \$.....

OFFICE USE ONLY Date rcd:
 Pin: Amount rcd:
 Cheque No:
 Drawer:
 Bank:
 Branch:
 Date Conf Sent:

Privacy – A participant listing will be provided to all delegates, display providers and sponsors. If you do not want to be included in this list, please email hmrcc@pco.com.au.

Disclaimer — HMRI and the Conference Committee | reserves the right to substitute or cancel program sessions where necessary. Neither HMRI, the Conference Committee or the Conference Secretariat is liable for non-delivery of services beyond their control.