Point of Care Testing SES 2018

REGISTRATION FORM

18-19 October 2018, Pavilion on Northbourne, Canberra ACT



TAX INVOICE ABN 83 170 402 727 Prices are inclusive of GST

PRIVACY ACT

In registering for this event your name, organisation and state/country details may be incorporated into a delegate list for distribution to fellow delegates and sponsors, and made available to parties directly related to the event.

If you DO NOT wish to have your name/organisation/state/country details included in the list of delegates please tick here 🗌

| Title: Dr Mr Mrs Ms Miss Other: | | | | |
|---|------------------------------|---|----------|--|
| Surname: | | First Name: | | |
| Organisation: | | | | |
| Mailing Address: | | | | |
| State/City: | Country: | Postcode: | | |
| Phone: | Mobile: | Fax: | | |
| Email (required): | | | | |
| Special Requirements (e.g. diet, allergies, health, access): | | | | |
| | | | | |
| PoCT 2018 FULL REGISTRATION | (1.5 DAYS) | | AMOUNT | |
| AACB/APPN Member Reg | istration 🗌 Yes, I will be a | attending the Networking Drinks (Thurs) | \$420.00 | |
| Non Member Registration | Yes, I will be a | attending the Networking Drinks (Thurs) | \$520.00 | |
| Optional Dinner (Thursday 18 0 | Dct <i>,</i> 6.30pm) | | | |
| Dinner x 1 person | | | \$55.00 | |
| Dinner x 2 people | | | \$110.00 | |
| CPD Points (please tick the relevant box to assist in the allocation of CPD points): | | | | |
| RACGP Member – Mbr #: | | ACRRM Member – Mbr # : | | |
| PAYMENT: CHEQUE (Please make cheques payable to: Australasian Association of Clinical Biochemists) VISA MASTERCARD Cardholder's Name: | | | | |
| Card Number: | | CVV #: | | |
| Card Expiry: | Amount AUD\$: | Cardholder's Signature: | | |
| Fax or save/scan and email this form with payment to the AACB Secretariat Email: <u>lisa@aacb.asn.au</u> Fax: 02 9669 6607 | | | | |
| A confirmation email will be sent to you and should be received within 7 days. If you do not receive confirmation of your registration please contact the AACB Office to confirm your registration. AACB Office: PO Box 7336, Alexandria NSW 2015. Phone: 02 9669 6600 www.aacb.asn.au | | | | |



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