

# Delegate registration

**23, 24, 25 March 2007** Perth Convention Exhibition Centre

## CONTACT INFORMATION

Title / First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Job Title: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Email: \_\_\_\_\_

A Tax Invoice will be posted to your address. Masters of General Practice Convention Pty Ltd ABN 13 112 050 272

## CONFERENCE REGISTRATION

<input type="checkbox"/>	<b>Early Bird / RACGP Member Registration</b> (before 1 December, 2006)	<b>\$450.00 + \$45.00 GST</b>	<b>\$495.00</b>
<input type="checkbox"/>	Standard Registration (after 1 December, 2006)	\$540.00 + \$54.00 GST	\$594.00
<input type="checkbox"/>	Gala Dinner	\$190.00 including GST	\$190.00

**Early Bird Registration** and **RACGP Member Registration** includes attendance to the Presentations and Exhibition area, lunches, tea breaks each day and attendance to the Welcome Cocktail Reception which is being held on Friday, 23 March 2007 in the Exhibition Area. Each Delegate also receives a Conference Satchel.

**Standard Registration** includes attendance to the Presentations and Exhibition area, lunches, tea breaks each day and attendance to the Welcome Cocktail Reception which is being held on Friday, 23 March 2007 in the Exhibition Area. Each Delegate also receives a Conference Satchel.

Gala Dinner ticket includes three course meal with beverages and entertainment. Attendance to the Gala Dinner entitles you to have a chance to win a new luxury motor vehicle - winner to be drawn on Sunday, 25 March 2007 at 1.15pm.

## PAYMENT OPTIONS

Payment must be received within seven (7) days of verbal reservation.

Please return this application to Vertical Events, PO Box 1153, Subiaco WA 6904, Australia or alternatively fax to (61 8) 9381 9222.

\*Please note a 4% surcharge will be added to all American Express and Diners Charges.

Visa Card       Master Card       Bankcard       American Express\*       Diners Card\*

Card Number: \_\_\_\_\_

Card Expiry Date: \_\_\_\_\_ Total to be paid: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_

## AUTHORISATION

Name: \_\_\_\_\_

Position: \_\_\_\_\_ Signature: \_\_\_\_\_

Cancellation Policy: All cancellations must be made in writing to Vertical Events. No refunds will be made after 9 March 2006.

All refunds prior to 9 March 2006 will incur an administration charge.



Masters of  
General Practice  
Convention