

Delegate Registration

The 2011 Learning & Leisure Hand & Upper Limb Conference

DELEGATE DETAILS

A separate registration must be completed for each delegate. Please print clearly.

For ease and efficiency register securely online using Taylored Images Interactive at www.tayloredimages.com.au click on "conferences/events" icon, scroll down to Forthcoming Events – 2011 and select your conference. Alternatively complete the following four pages, detach, make a copy and fax to Taylored Images +61 7 3366 5170.

Please tick: Assoc. Prof. Prof. Dr Mr Mrs Ms Miss

Family Name: _____ Given Name: _____

Preferred Name for Name Badge: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone: Work () _____ A / H: () _____

Facsimile: Work () _____ Mobile: _____

Email Address: _____

Emergency Contact Details:

Name: _____ Relationship: _____ Contact Telephone: _____

I do not wish my personal details included in the conference participants list (Please refer to privacy policy)

ACCOMPANYING PERSON DETAILS

Title: _____ Family Name: _____ Given Name: _____

Preferred Name for Name Badge: _____

ACCOMPANYING CHILDREN DETAILS

First Name: _____ Family Name: _____ Age: _____

First Name: _____ Family Name: _____ Age: _____

SPECIAL DIETARY REQUIREMENTS

Please indicate person's name and specify their dietary requirement

Name: _____ Dietary Requirement: _____

Name: _____ Dietary Requirement: _____

ADDITIONAL INFORMATION

Additional requests and information that will assist in processing your registration

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SEEKING SHELTER

ACCOMMODATION

Accommodation IS required

Accommodation is NOT required

(If Accommodation is NOT required, please supply contact details in the event of an emergency)

Name: _____

Address: _____

Contact Telephone Number: _____

SKYCITY

- | | |
|--------------------------------------------------|--------------------|
| <input type="checkbox"/> Deluxe Room | \$220.00 per night |
| <input type="checkbox"/> Deluxe Ocean View Room | \$250.00 per night |
| <input type="checkbox"/> Superior Spa Room | \$270.00 per night |
| <input type="checkbox"/> Superior Spa Ocean Room | \$300.00 per night |
| <input type="checkbox"/> One Bedroom Suite | \$320.00 per night |

If you are twin sharing please indicate the name of the person with whom you are sharing

Date of Arrival: _____ / June 2011 Date of Departure: _____ / June 2011

Non Smoking

Disabled Facilities

Twin Beds

Lower Level Preferred

Other _____

IMPORTANT NOTE

A credit card guarantee must be provided with your registration to guarantee accommodation. Your credit card number will be passed to the accommodation venue as guarantee of your booking. As per hotel terms and conditions any accommodation cancellations made after Friday 06 May 2011 will be subject to a cancellation fee of 100% of the total accommodation cancelled. Reservations made after this date will be subject to availability at the best rate of the day. It is essential all accommodation bookings / amendments / cancellations are forwarded to Taylored Images. Taylored Images do not charge your card for accommodation. Payment for accommodation is finalized on departure direct with the accommodation venue.

Bookings and amendments made after Friday 06 May will attract a \$33 service fee.

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REGISTRATION DETAILS

Registration	Pre 06 May	Post 06 May	Inclusions
All prices quoted in AUD\$ (Australian Dollars)			
Specialist Full Package	1500 <input type="checkbox"/>	1660 <input type="checkbox"/>	Attendance at all Conference Sessions Breakfast Daily - Walk through continental style with the industry Morning Refreshments & Lunch Daily as per Program Cocktail Reception - Friday
Specialist Day Package	415 <input type="checkbox"/>	500 <input type="checkbox"/>	Attendance at all Conference Sessions Breakfast Daily - Walk through continental style with the industry Morning Refreshments & Lunch Daily as per Program
Registrar / Therapist Full Package	1060 <input type="checkbox"/>	1200 <input type="checkbox"/>	Attendance at all Conference Sessions Breakfast Daily - Walk through continental style with the industry Morning Refreshments & Lunch Daily as per Program Cocktail Reception - Friday
Registrar / Therapist Day Package	275 <input type="checkbox"/>	350 <input type="checkbox"/>	Attendance at all Conference Sessions Breakfast Daily - Walk through continental style with the industry Morning Refreshments & Lunch Daily as per Program
Partner Workshop	300 <input type="checkbox"/>	300 <input type="checkbox"/>	Attendance at all Partner Workshops Cocktail Reception - Friday
Additional Cocktail Reception Ticket	50 <input type="checkbox"/>	50 <input type="checkbox"/>	Included in all Full Registration Packages
Additional Lunch Ticket	51 <input type="checkbox"/>	51 <input type="checkbox"/>	

OPTIONAL ORGANISED TOURS

Activity		
All prices quoted in AUD\$ (Australian Dollars)		
Full Activity Package 10% Discount	410 <input type="checkbox"/>	# _____
Crococaurus Cove	35 <input type="checkbox"/>	# _____
Northern Territory Wildlife Park	119 <input type="checkbox"/>	# _____
Jumping Crocodile Cruise Tour	126 <input type="checkbox"/>	# _____
Mindil Market Dinner	96 <input type="checkbox"/>	# _____
Kakadu & Yellow Water Tour	282 <input type="checkbox"/>	# _____ <input type="checkbox"/> Thurs <input type="checkbox"/> Tues
Katherine Gorge and Edith Falls	239 <input type="checkbox"/>	# _____ <input type="checkbox"/> Thurs <input type="checkbox"/> Tues
Litchfield National Park	158 <input type="checkbox"/>	# _____ <input type="checkbox"/> Thurs <input type="checkbox"/> Tues

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PAYMENT DETAILS

Registrations \$ _____
Bookings Amendments made after Friday 06 May 11 \$33.00
Optional Activities \$ _____
TOTAL PAYMENT \$ _____

PAYMENT METHOD

Cheque made payable to: "Taylored Images - 2011 L & L Hand & Upper Limb Conference" for the sum of AUD\$ _____ for registration fees, optional functions and optional activities

Credit card: for the sum of \$ _____ for registration fees, optional functions and optional activities

Credit Card: Amex Diners Club MasterCard Visa

Cardholder's Name: _____ Expiry Date ____/____/____

Card Number: _____

CVN (Credit card Validation Number) : ____ ____ ____ This is a 3 or 4 digit code embossed or imprinted on the reverse side of visa and MasterCard and on the front of American Express cards

Cardholder Signature: _____ Date: ____/____/____

CONFERENCE CANCELLATION AND REFUND POLICY

**A cancellation fee of \$250 applies for all cancellations prior to Friday 06 May.
No refunds applicable for cancellations after Friday 06 May 2011.**

Currency – All dollar values expressed in this brochure, unless otherwise stated, are in Australian Dollars (AUD\$). It is the responsibility of delegates to satisfy themselves of conversion rates and conversion imposts.

Please refer to the Hotel Trading Terms & Conditions on page 6 for any accommodation cancellations

Privacy Policy – Taylored Images collects your personal information on this registration form for the purpose of processing your conference registration. We will not use it for any other purpose unless specifically defined.

The information provided may be included in a list of participants provided to all delegates and sponsors & exhibitors of the conference. This information may include name, organisation, phone, fax and email address.

Should you not wish to be included please indicate by ticking the box on the registration form. If you do not indicate, Taylored Images assumes you do hereby consent to your information being made available in the list of participants

Disclaimer – The Australian Hand Surgery Society and Taylored Images act only as organisers of these activities and do not accept responsibility for any act or omission on the part of the service providers. No liability is accepted for inaccuracy, mis-description, delay, damage, personal injury or death.