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REGISTRATION FORM PRE CONFERENCE WORKSHOP AND SATELLITE MEETING

This form is to be used by participants **not attending** the Joint ASCEPT-APSA 2012 Scientific Conference, but who are attending the individual satellite meeting or workshop only.

A DELEGATE INFORMATION (please print clearly)

Title (Prof/Dr/Mr/Mrs/Miss/Ms): _____

First name: _____
(will be used for name badge)

Last name: _____

Organisation: _____

Position: _____

Postal address: _____

Suburb/city: _____

State: _____ Postcode: _____

Country: _____

Business telephone: _____

Mobile: _____

Email: _____

Registration confirmation and updates will be emailed to the address specified.

B SPECIAL NEEDS/DIETARY REQUIREMENTS

Please advise if you have any specific dietary, medical, wheelchair or other requirements:

Cancellation and refund policy: Cancellations must be advised in writing to the conference secretariat. Refunds for cancellations will be at the discretion of the conference committee. Registrations are transferable to a colleague at any time prior to the event provided the conference secretariat is advised in writing.

Please return with your payment to the Joint ASCEPT-APSA 2012 Scientific Conference

Expert Events | PO Box 330, Northgate QLD 4013
Phone: +61 7 3848 2100 | Fax: +61 7 3848 2133
Email: ascept-apsa@expertevents.com.au

C REGISTRATION FEES

All fees are in Australian dollars and include 10% GST
Please tick to indicate your registration type.

Pre conference workshop:

Immunity in cardiovascular disease: current perspectives

Date: Saturday, 1 December 2012, 2.00pm – 6.00pm

Venue: Novotel Rockford Darling Harbour

Participant fee \$60

Satellite meeting: Therapeutic drug monitoring

fundamentals and emerging trends – focus on antimicrobials

Date: Thursday, 6 December 2012, 8.25am – 4.45pm

Venue: University of Sydney, School of Pharmacy

Participant fee \$200

Student fee \$50

TOTAL REGISTRATION FEES: \$ _____

Note: Your registration will not be processed or confirmed until payment is received in full.

I enclose a cheque/bank draft payable to:

ASCEPT-APSA Joint Scientific Meeting

Please charge my credit card for registration fees.

Note: Credit card transactions will appear on your bank statement as: Expert Events

MasterCard Visa Card ID: (3 digit security code found on the back of your credit card)

Card number:

Cardholder's name:

Card expiry date: / (mm/yy)

Cardholder's signature: