

## Registration Brochure

Outrigger Surfers Paradise, Gold Coast 20 - 22 May 2015

Alcohol, Other Drugs, Behavioural Addictions: Prevention, Treatment and Recovery



www.addictionaustralia.org.au



**Registration Form**This form constitutes a Tax Invoice and can be used for tax purposes. Please fill out ONE registration PER PERSON attending.

## TAX INVOICE / RECEIPT ABN: 243 619 355 48

Required \*

Title:	First Name*:		Last Name*:	
Badge Nan	ne (if different to abov	/e):		
Position:				
Organisatio	on*:			
Postal Add	ress:			
Suburb*:			State*:	Post Code:
Phone*: ( )			Fax: ( )	
Email*:				
Dietary req	uirements:			
CONFERI	ENCE REGISTRAT	TON		
Category		Early Bird R	ate on/before 7 <sup>th</sup> April	Standard Rate after 7th April
Speaker R	egistration		\$675.00	□ \$775.00
Full Regist	ration Member		\$775.00	□ \$875.00
Full Regist	ration Non Member		\$875.00	□ \$975.00
Concessio	n Registration		\$575.00	\$675.00
Day Regis	stration			
	21st May 2015		\$475.00	□ \$575.00
Friday 22 <sup>nd</sup>	<sup>d</sup> May 2015		\$475.00	□ \$575.00
Welcome I	Reception		\$65.00	Quantity:
		TOTAL REGISTRATION AMOUNT: \$		
COMPAN	YING PERSON IN	FORMATION		
u only need ception.	to complete this sec	tion if you will be	e bringing an additional p	person to the Welcome
000110111				

## **ACCOMMODATION**

Booking must be acc	companied with a credit card gua	arantee or paid in full I	before your arrival to the hotel.
Outrigger Surfers Pa	aradise City View Twin (per room	per night)	
	☐ Single: \$115.00 ☐ Double: \$115.00 ☐ Twin: \$115.00		
Outrigger Surfers Pa	aradise Ocean View (per room po	er night)	
	☐ Single: \$135.00 ☐ Double: \$135.00 ☐ Twin: \$135.00		
Arrival date:	/ /2015	Departure date:	/ / 2015
Special requirements	s:		
I will be sharing a roo	om with nominated accompanyir	ng person:	
		TOTAL AMOU	INT FOR FULL STAY: \$
PAYMENT			
	unction payments must be paid i ou will be sent a confirmation en		
_	d after Tuesday 12th May 2015		
registrations received  TOTAL AMOUNT D  □ Cheque	d after Tuesday 12th May 2015	must be paid in full by	
TOTAL AMOUNT D	d after Tuesday 12th May 2015  UE: \$  Make payable to: ANZMH Association PO Box 29, Nerang, Queensla  Account Name: ANZMH Asso Bank: Commonwealth Bank BSB: 064 000 Account Number: 1320 4750  Please fax or email a copy of	must be paid in full by and 4211 ciation	
TOTAL AMOUNT D  ☐ Cheque	d after Tuesday 12th May 2015  UE: \$  Make payable to: ANZMH Association PO Box 29, Nerang, Queensla  Account Name: ANZMH Asso Bank: Commonwealth Bank BSB: 064 000 Account Number: 1320 4750	must be paid in full by and 4211 ciation the receipt to 07 5527	r credit card only.  7 3298 and include the delegates
TOTAL AMOUNT D  ☐ Cheque  ☐ Bank Transfer	UE: \$  Make payable to: ANZMH Association PO Box 29, Nerang, Queensla  Account Name: ANZMH Asso Bank: Commonwealth Bank BSB: 064 000 Account Number: 1320 4750  Please fax or email a copy of name(s) and conference name	must be paid in full by and 4211 ciation the receipt to 07 5527 e.	r credit card only.  7 3298 and include the delegates  ng credit card
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Please return your completed registration form to the Conference Secretariat at the following address:

Mail: PO Box 29, Nerang, QLD 4211 Phone: 07 5502 2068 Fax: 07 5527 3298 Email: secretariat@addictionuaustralia.org.au

Your registration will be processed in 24 business hours of receiving your registration. If you do not receive any correspondence please contact the secretariat.