

REGISTRATION FORM/TAX INVOICE

Note: On receipt of payment this form becomes your tax invoice.
Australasian Society for HIV Medicine: ABN 48 264 545 457.

Australasian Sexual Health Conference 2008 Joint registration with the 20th Annual Conference of the Australasian Society for HIV Medicine

SECTION A: Personal Details (please print clearly)

Title: _____ First Name: _____

Surname: _____

Position: _____

Organisation: _____

Address: _____

Suburb: _____ State: _____

Postcode: _____ Country: _____

Phone: _____ Mobile: _____

Fax: _____ Email: _____

Special Requirements: _____

Note: Special requirements are any specific dietary needs, medical or other, e.g. wheelchair access, hearing impairment etc.

How did you hear about the conference?

- Through Chapter of Sexual Health Medicine
- Through Aust. Centre for HIV & Hepatitis Virology
- Through ASHM My organisation
- Colleague Other: _____

Privacy Information: In registering for this conference relevant details will be incorporated into a delegate list for the benefit of all delegates (name & organisation only), and may be made available to parties directly related to the conference including ASHM (and its National Board and Staff), the Conference Committees, venues and accommodation providers and key sponsors (subject to strict conditions). The information will also be added to the ASHM database. Should you not wish your details to be used, please contact conferenceinfo@ashm.org.au or phone +61 2 8204 0770.

SECTION B: Professional Affiliation Category

Please indicate by ticking the appropriate box or boxes:

- Basic Scientist
- Community-Based Organisation Worker
- Education/Policy Worker
- General Practitioner
- Health Department/Program Manager
- Hepatologist
- Hospital Specialist
- Infectious Diseases Specialist
- Nurse
- Pharmaceutical Company Representative

- Pharmacist
- Sexual Health Care Worker
- Social Scientist
- Social Worker
- Other (please specify): _____

SECTION C: Conference Registration

Please circle the rate that applies below. For information on the suitability of each registration type, please see the conference website. These amounts include GST.

REGISTRATION TYPE		
Sexual Health Conference Only		
Earlybird Registration (before 17 July)		\$780
Standard Registration (After 17 July)		\$890
Student & Research Assistant OR Trainee Registration		\$550
Day Registration (please tick box/s)		\$330
<input type="checkbox"/> Monday 15 Sept		
<input type="checkbox"/> Tuesday 16 Sept		
<input type="checkbox"/> Wed 17 Sept		
Joint Conference Registration		
	Cost A\$ (ASHM Member Rate)	Cost A\$ (ASHM Non- member Rate)
Earlybird Registration (before 17/07/08)	\$1155	\$1276
Standard Registration (after 17/07/08)	\$1276	\$1386
PLWHA/People Living with Hepatitis C Registration	\$825	\$825
Student/Research Assistant Registration	\$825	\$825
Registration Subtotal (A\$)		

Name and signature of Head/Supervisor for Student & Research Assistants or NGO for PLWHA / People with hepatitis C:

Name: _____

Signature: _____

SECTION D: Associated Events

If you would like to attend any of the functions listed PLEASE complete this section, as this information is essential for catering purposes. **Failure to tick 'yes' for inclusive events will be registered as non-attendance.**

* Complimentary for joint conference registrants only.
 ** Sexual Health only registrants excluding day registrants and guests.
 *** Inclusive for Sexual Health only Trainee Registration

Sexual Health Conference Welcome Reception: 5.00pm, Monday 15 September

- No, I do not wish to attend
- Yes! I will be attending:
- I am entitled to a complimentary ticket* and ** Total A\$0.00 and/or I require _____ tickets at A\$44.00 each = A\$ _____

Trainee Update Breakfast: 7.00am, Tuesday 16 September

- No, I do not wish to attend
- Yes! I will be attending
- I am entitled to a complimentary ticket *** Total A\$0.00 and I require _____ tickets at A\$22.00 each = A\$ _____

Conference Gala Dinner: 7.00pm, Wednesday 17 September

- No, I do not wish to attend
- Yes! I will be attending:
- I am entitled to a complimentary ticket* and **Total = A\$0.00 and I require _____ guest tickets at A\$120.00 each = A\$ _____

Case Presentation Breakfast: 7.00am, Friday 19 September

- No, I do not wish to attend
- Yes! I will be attending
- and I require _____ tickets at A\$22.00 each = A\$ _____

ASSOCIATED EVENTS SUBTOTAL (including GST)

= A\$ _____

SECTION E: Accommodation Reservations

I/we require: Single Double Twin Occupancy

HOTEL	ROOM TYPE	ROOM COST (room-only, per night) A\$	Choice (1-3)
Rydges Perth	Superior Room	\$260	
	King Executive	\$305	
Duxton Hotel Perth	Deluxe King Room	\$260	
	Deluxe Twin Room	\$260	
Parmelia Hilton Perth	Hilton Guest Room	\$295	
	King Hilton Guest Room Plus	\$365	
Mounts Bay Waters Apartments	1 Bedroom Apartment	\$213	
	2 Bedroom Apartment (1 bathroom)	\$267	
	2 Bedroom Apartment (2 bathroom)	\$286	
Medina Grand Perth	Premier One Bedroom Apartments	\$245	
Sullivans Hotel	Deluxe Room	\$150	
	Standard Room	\$130	

Check-in date: _____ Check-out date: _____

Total number of nights: _____

Non-smoking preferred: Yes No

Special requirements: _____

I will be sharing with: _____

Your credit-card details must be supplied to make a booking as security for the booking only. It is the responsibility of the individual to settle the balance of their account on departure from the hotel.

Please use the following card as security for accommodation:

Bankcard MasterCard Visa Amex Diners

Cardholder's name: _____

Card No.: _____

Expiry date: _____

Cardholder's signature: _____

**Please send form and payment to:
 Sexual Health Conference 2008
 Locked Mail Bag 5057, Darlinghurst NSW 1300 Australia
 Fax: +61 2 9212 4670**