



4th Biennial Conference
Breathing New Life into Maternity Care
 Working together: balancing the risk in maternity care
 Crown Convention Centre, Southbank, Melbourne
 24 to 26 May 2012



Registration Form

**PLEASE KEEP A COPY OF
 YOUR REGISTRATION
 DETAILS**

This completed form is an accepted ATO tax invoice for the purposes of GST once payment is received. ABN 95 112 158 488. Please ensure that you retain a copy of this form for taxation and reimbursement requirements. One form must be completed for each delegate. DELEGATE INFORMATION Faxed forms will only be accepted with credit card payment details - +61 (02) 9558 3822

PERSONAL DETAILS . Please use block letters.

(Ms/Mrs/Mr/Dr/Prof) Family name: _____ . First name: _____

Professional College: _____ CPD / CME: _____

Organisation: _____ . Department: _____

Address: _____

City: _____ . State: _____ . Postcode: _____ . Country: _____

Tel: (____) _____ . Mobile: _____ . Email: _____

SPECIAL REQUIREMENTS or ASSISTANCE? *Please indicate:* _____

PRIVACY: Do you agree to have your contact details included on the delegate list? Yes No

CONFERENCE REGISTRATION FEES		Standard	Amount
ACM member		\$A700 <input type="checkbox"/>	
Non-member		\$A800 <input type="checkbox"/>	
Full time student **		\$A500 <input type="checkbox"/>	
One day registration		\$A450 <input type="checkbox"/>	
Fetal Surveillance Workshop+		\$A330 <input type="checkbox"/>	
Crisis Communication+		\$A165 <input type="checkbox"/>	
Social Communication+		\$A165 <input type="checkbox"/>	
Motivational Interviewing+		\$A270 <input type="checkbox"/>	
Birth Places & Assessment of Risk+		\$A270 <input type="checkbox"/>	
Antenatal Care Workshop+		\$A270 <input type="checkbox"/>	
Welcome reception # . Thursday evening (included in registration fee)	No. of tickets _____	\$A65 <input type="checkbox"/>	
Conference Dinner . Friday evening	No. of tickets _____	\$A125 <input type="checkbox"/>	
# Please indicate by placing with a tick if you are attending the Welcome Reception			
+ Workshops are not included in conference registration fee.		TOTAL	

** Students must verify that they are fulltime students by forwarding a signed letter from their Head of Department to the Conference Managers.

I have read the Terms and Conditions of registration

PAYMENT DETAILS

Payment method - MasterCard Visa
 Please tick appropriate box

Cheque/Money Order (Australian Dollars)
 Payable to Remark Pty Ltd.

Card number: _____ / _____ / _____ / _____

Expiry date: ____ / ____

Card holder's name _____

Signature _____
 (please print)

Please send registration form with payment to:
 BNL2012 Secretariat
 Remark Pty Ltd
 PO Box 10, Petersham NSW 2049
 Tel: (+61 2) 9559 5229 Fax: (+61 2) 9558 3822
 Email: bnl@remark.com.au
www.breathingnewlife.remark.com.au

Registration Cancellation Policy: Cancellation of a registration must be notified in writing to Conference Management. Cancellations prior to 1st May 2012 will receive a refund less \$88 administration fee. No refund will be given for cancellation after 1st May 2012, however substitutions will be possible.