



The Rural Clinical School
of Western Australia



THE UNIVERSITY OF
WESTERN AUSTRALIA



THE UNIVERSITY OF
NOTRE DAME
AUSTRALIA

2007 Annual Scientific Meeting

AUGUST 31ST – SEPTEMBER 2ND 2007

REGISTRATION FORM

Name: _____ Partner's Name: (If applicable) _____

Organisation: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Please tick the appropriate box

	Early Bird Rate (Received before 15 June)	Normal Rate
Doctors:	\$600 <input type="checkbox"/>	\$650 <input type="checkbox"/>
Registrars:	\$500 <input type="checkbox"/>	\$550 <input type="checkbox"/>
Nurses:	\$350 <input type="checkbox"/>	\$400 <input type="checkbox"/>
Health Professionals:	\$350 <input type="checkbox"/>	\$400 <input type="checkbox"/>
Medical Students:	\$150 <input type="checkbox"/>	\$200 <input type="checkbox"/>
Conference Dinner at Conversations by Indigo: Number attending	<input type="checkbox"/>	\$75 ea <input type="checkbox"/>

Payment Method:

Cheque Credit Card

Type of Card: Amex Visa MasterCard

Card Number:

Card Holder: _____

Expiry Date: _____

Total Amount: \$ _____

Procedural Workshops:

As places in the workshops below are limited please write 1 to 6 in the boxes in order of preference.

Anaesthetics	<input type="checkbox"/>	Obstetrics Emergencies/Neonatal Resuscitation	<input type="checkbox"/>
Skin Surgery	<input type="checkbox"/>	Emergency Medicine – Western Trauma Course	<input type="checkbox"/>
Wound Management	<input type="checkbox"/>	Introduction to Ultrasound in Rural Emergency Medicine	<input type="checkbox"/>

Complimentary Tours:

Please indicate if your partner is planning to take advantage of the free scenic tours of Geraldton and the surrounding area. Yes No

Please return to PO Box 2638 GERALDTON 6531 or FAX to (08) 9964 3487