

By completing this registration form, you have read and agree to all the terms and conditions as outlined on the conference website and in this registration document. A TAX INVOICE will be issued upon receipt of your registration payment. Please keep a copy of this registration form for your GST records. ABN: 28 000 386 676. Should you require the Tax Invoice to be sent to a different party, please provide the details at the time of submitting this registration form. Confirmation of your registration will be sent to you by email (or post if email is not available) and should be received within 14 days.

1. CONTACT DETAILS

PRIVACY ACT

In registering for this event your name, organisation and state/country details may be incorporated into a delegate list for distribution to fellow delegates, sponsors and organisers. **If you DO NOT want your details included in the delegate list, please tick here.**

Your details may also be passed on to the Secretariat, AACB and AIMS for the purpose of distributing material for the meeting and future AACB and AIMS events.

If you DO NOT want your details included in the material distribution, please tick here.

Title: Dr Mr Mrs Ms Miss Other:

Surname: _____ First Name: _____

Preferred Name on Name Badge: (include surname) _____

Organisation: _____ Position: _____

Mailing Address: _____

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

Phone: _____ Mobile: _____ Fax: _____

Email: _____

2. CONFERENCE REGISTRATION - See page 16 for description of fees & entitlements.

FULL REGISTRATION	EARLYBIRD TO 13 AUGUST	STANDARD FROM 14 AUGUST	AMOUNT AUD\$
AACB/AIMS Members [#]	\$875.00	\$975.00	
Non Members	\$1055.00	\$1155.00	
Workplace (Shared)	\$945.00	\$1045.00	
Retired	\$410.00	\$410.00	
Full Student	\$410.00	\$410.00	
Exhibitor	\$460.00	\$460.00	
DAY REGISTRATION			
AACB/AIMS Members [#]	\$310.00	\$385.00	
Non Members	\$365.00	\$440.00	
Student	\$140.00	\$140.00	

Day Registrations only: Please nominate day/s Monday Tuesday Wednesday Thursday

[#]Please include your membership number below.

AACB Membership No: AIMS Membership No: **SUB TOTAL** \$

3. NETWORKING DISCIPLINE DINNERS – Tuesday 26 October 2010

DINNER	RESTAURANT	COST	NUMBER OF TICKETS	AMOUNT AUD\$
Haem/Coag/Trans Discipline Dinner	é cucina Restaurant	\$85.00		
Histology Discipline Dinner	The Globe Wine Bar & Restaurant	\$85.00		
Clinical Chemistry Discipline Dinner	CBD Restaurant	\$85.00		
Microbiology Discipline Dinner	Shun Fung on the River	\$80.00		

SUB TOTAL \$

4. SOCIAL PROGRAM - Functions included in Conference Registration Fee. For catering purposes, please confirm the social functions you will be attending.

REGISTRATION TYPE	INCLUSIVE FUNCTION
Full	<input type="checkbox"/> Industry Gala Function <input type="checkbox"/> Conference Dinner <input type="checkbox"/> Closing Ceremony & lunch
Workplace (shared) Full	<input type="checkbox"/> Industry Gala Function <input type="checkbox"/> Closing Ceremony & lunch
Full Student	<input type="checkbox"/> Closing Ceremony & lunch
Retired	<input type="checkbox"/> Closing Ceremony & lunch
Exhibitor	<input type="checkbox"/> Industry Gala Function <input type="checkbox"/> Closing Ceremony & lunch
APACE accredited delegates	<input type="checkbox"/> APACE Happy Hour

5. SOCIAL PROGRAM – Additional tickets

FUNCTION	ADDITIONAL TICKETS	NUMBER OF TICKETS	AMOUNT AUD\$
Industry Gala Function	\$60.00		
Conference Dinner	\$140.00		
Closing Ceremony and Lunch	\$30.00		

SUB TOTAL \$

6. BREAKFAST SESSIONS – WEDNESDAY 27 OCTOBER 2010. Numbers are limited. Only one breakfast session can be booked.

SESSION	COST	AMOUNT AUD\$
<input type="checkbox"/> AIMS Breakfast Session – Digital Pathology	Cost per person \$30.00	
SESSION	SESSIONS & PREFERENCES	AMOUNT AUD\$
<input type="checkbox"/> AACB Breakfast Sessions 'Meet the Experts' Cost per person \$37.00	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 <input type="text"/> 10 <input type="text"/>	

Refer to page 9 for session details. Please indicate your session preferences eg. 1st, 2nd, 3rd, 4th etc.

SUB TOTAL \$

7. ACCOMMODATION

HOTEL	ROOM TYPE <i>All room types are subject to hotel availability.</i>	ROOM ONLY RATE INCL. GST	B&B RATE SGL INCL. GST	B&B RATE DBL/TWN INCL. GST
RYDGES PERTH	Superior Guest Room SGL/DBL/TWN	<input type="checkbox"/> \$215.00	<input type="checkbox"/> \$236.00	<input type="checkbox"/> \$257.00
MEDINA GRAND PERTH	Premier 1 Bedroom Apartments	<input type="checkbox"/> \$300.00	N/A	N/A
	Premier Studio Apartments	<input type="checkbox"/> \$270.00	N/A	N/A
MOUNTS BAY WATERS APARTMENTS	3 Bedroom Apartment	<input type="checkbox"/> \$500.00	N/A	N/A
	2 Bedroom (2 Bathroom) Apartment	<input type="checkbox"/> \$354.00	N/A	N/A
	2 Bedroom (1 Bathroom) Apartment	<input type="checkbox"/> \$320.00	N/A	N/A
	1 Bedroom Apartment	<input type="checkbox"/> \$250.00	N/A	N/A
TRAVELODGE PERTH	Standard Room SGL/DBL/TWN	<input type="checkbox"/> \$180.00	<input type="checkbox"/> \$199.50	<input type="checkbox"/> \$219.00
PERTH AMBASSADOR HOTEL	Standard Room SGL/DBL/TWN	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$163.00	<input type="checkbox"/> \$176.00

Check-in: ____ / 10 / 2010 **Check-out:** ____ / 10 / 2010 Smoking Non-smoking

I wish to guarantee early check in by pre-booking and paying for the previous night on ____/____/____
I am twin sharing with _____

I wish to pay for my entire stay now I only wish to pay the one night's deposit now

If your hotel, as indicated above, is not available, the secretariat will secure your accommodation at another hotel.
Please indicate your second preference: _____

I do not require the secretariat to book accommodation for me. I have made my own arrangements.
I will be staying at: _____ (name of hotel) or with friends/family

SUB TOTAL - ACCOMMODATION DEPOSIT \$

A minimum of one night's deposit must be paid or credit card details provided to guarantee your reservation.
Bookings made after 22 September must be secured with credit card details.

8. DIETARY REQUIREMENTS

If you have specific dietary requirements please indicate below. We will endeavour to cater to your needs but this may not be possible in all cases. *Please note: if you have selected Kosher or Halal, you will be provided with a vegetarian meal. Should you require alternative meal arrangements please contact the Meeting Managers.

- Gluten Free Halal* Allergy to Nuts Vegan Vegetarian Kosher*
 No Seafood No Beef or Pork Lactose Intolerant Other: _____

9. SPECIAL REQUIREMENTS - medical/mobility

10. PAYMENT SUMMARY

TOTAL AUD \$

Option A – Credit Card Payment:

- VISA MASTERCARD
 Accommodation (I agree to my credit card details being forwarded to the hotel to guarantee my booking)

Card Number:

Cardholder's Name: _____

Cardholder's Signature: _____

Expiry Date: _____

Option B – Cheque or Bank Draft:

- CHEQUE BANK DRAFT
 Accommodation (This is included in the cheque total to guarantee my booking)

Please make cheques payable to: 'AACB AIMS 2010'

Overseas Delegates: If paying by cheque please pay by Bank Draft in Australian Dollars

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