

**Australia College of Nurse Practitioners  
 National Conference 2009, Sydney  
 28 – 30 October 2009**

**Multi-Booking Registration Form:** one person from your organisation must coordinate the booking and all correspondence and amendments must come via the coordinator. One confirmation will be sent back to the coordinator; not to each person listed. The coordinator is responsible for liaising with staff members and confirming their individual details, including accommodation bookings.

Organisation: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Suburb/Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Registrations & Functions:** List names exactly as they are to appear on the name badges. Indicate the registration category for each person and the functions they wish to attend. ① Each exhibition booth includes two exhibitor registration. The Inclusive Exhibitors include the welcome reception and the dinner. The Additional Exhibitors only includes the welcome reception. Dinner tickets may be purchased for \$110.00.

#	Title	First Name	Last Name	Exhibitor Inclusive No Charge	Exhibitor Additional \$300.00	Welcome Inclusive	Dinner \$110.00	Dinner Inclusive
1								
2								
3								
4								
5								
6								
7								
8								
<b>Sub-total</b>					\$		\$	
<b>Total</b>					\$		\$	

**Special Requirements:** Please note any special dietary, mobility or medical information for individual delegates. Include the delegate's name.

**Accommodation:** Refer to the registration brochure or web site for the accommodation options, rates and full conditions.

#	Name	Hotel	Room Type	Arrive	Depart	Non-Smoking	Sharing with...
1							
2							
3							
4							
5							
6							
7							
8							
<b>Comments</b>							

## Accommodation Guarantee

Credit card: The card details will be passed to the hotel as a guarantee and guest will need to pay on check-out. See the web site for conditions.

Card Type:      Visa  MasterCard  Diners  Amex

Card Holder: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Pre-payment: The following amount will be included in the tax invoice we send back. Accommodation pre-payment must be received 30 days prior to the conference.

One night per room

Full accommodation amount

**Payment Summary:** Payments must be received at the time of booking. Bookings without payments will not be accepted.

Registrations:	\$
Social Functions:	\$
Accommodation Pre-Payment:	\$
<b>Total:</b>	\$

**Authorised**

Signed: \_\_\_\_\_  
Name: \_\_\_\_\_  
Date: \_\_\_\_\_

**Payment Options**

Cheque (made payable to Conference Design)

Credit Card

Card Type:      Visa  MasterCard  Diners  Amex

Card Holder: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_


EFT


Date:              Reference: \_\_\_\_\_

BSB:              017 324  
Account #:        1085 82575  
Account Name:    Conference Design  
Bank:             ANZ, Sandy Bay Branch  
Swift Code:      ANZBAU3M

**Send the completed form to: Conference Design Pty Ltd**

 [info@cdesign.com.au](mailto:info@cdesign.com.au)

 03 6231 2999

 03 6231 1522

 228 Liverpool Street, Hobart TAS 7000