



Please complete one form for each registrant. All fees are quoted in Australian Dollars (AUD) and are inclusive of GST.

Section 1 – Personal details

Title _____ First name _____ Last name _____

Position _____

Organisation _____

Address _____

Town/Suburb _____ State _____

Postcode _____ Country _____

Telephone* _____ Facsimile* _____ Mobile* _____

**Area code required for Telephone and Facsimile. If outside Australia, please also add country code.*

Email address _____

Dietary/special requirements for the conference and social functions

Vegetarian Vegan Gluten free Lactose free *Kosher *Halal

**Please note that Kosher and Halal meals may incur additional charges at your own expense*

Other dietary requirements _____

Section 2 – Registration fees (All fees are quoted in Australian dollars (\$) and are inclusive of GST)

Please select your registration category by ticking the appropriate box below.

Delegates

Congress Partner Organisation Member*

Onsite

\$1210

WFPHA Member**

1210

Non-Member

\$1430

Full Time Student

\$850

Emerging Country Registration

\$690

One Day Registration

\$440

Please indicate which day you are attending: Mon Tues Weds Thurs Fri

Two Day Registration

\$700

(Must be consecutive days)

Please indicate which days you are attending: Mon - Tues Tues - Weds Weds - Thurs Thurs - Fri

*To be eligible for the Congress Partner Organisation Member rates you must be a Member of the Public Health Association of Australia, the Australasian Faculty of Public Health Medicine, the Public Health Association of New Zealand, the Australian Health Promotion Association, the Australasian Epidemiological Association or the Australian Women's Health Network. All members will be cross-checked for eligibility.

**To be eligible for the WFPHA Member rates you must be a Member of one of the WFPHA Member organisations

Registration fee total: \$ _____

Section 3 – Social Functions

The Social Functions are inclusive with all full delegate registrations; however your indication of attendance is still necessary. Entry is limited to ticket holders only. Additional tickets can be purchased.

Welcome Reception

Sunday 2 April 2017
5.30pm – 7.00pm

Delegate*

*Inclusive with full registration

Additional Ticket

I would like to purchase _____ additional ticket/s at \$77 each.

Congress Party

Tuesday 4 April 2017
7.00pm – 11.00pm

Delegate*

*Inclusive with full registration

Additional Ticket

I would like to purchase _____ additional ticket/s at \$150 each.

Social Functions fee total: \$ _____

Section 4 – Summary of payments

| | | |
|-----------|-------------------|----------|
| Section 2 | Registration fees | \$ _____ |
| Section 3 | Social Functions | \$ _____ |

Total payment enclosed: \$ _____

METHOD OF PAYMENT

All payments must be made in Australian dollars.

Credit Card – Please complete the following details:

Visa Mastercard American Express Diners

Credit Card Number

Card Holder's Name _____

CVC Number _____

Expiry Date _____ / _____ Signature _____

Please note that debits to your credit card will appear as *ICMS Australasia* on your credit card statement.

I consent to the collection, use and disclosure of information (excluding credit card details) provided in this registration form in Accordance with and for the purpose outlined above.

Signature: _____ Date: _____