

DELEGATE REGISTRATION FORM

8th - 10th November 2015

ABN: 85 914 815 703

NAME (Mr, Mrs, Ms, Miss) _____

FACILITY _____

ADDRESS (for receipt) _____

SUBURB/TOWN _____

STATE _____

POSTCODE _____

PHONE NO. (work) _____

MOBILE _____

FAX NO. _____

EMAIL _____

DELEGATE BOOKINGS – SRACA MEMBERS ONLY

DELEGATES	X _____	@ \$280.00 (All inclusive 3Day package)	\$ _____
COCKTAIL PARTY	X _____	NO COST	\$ _____
DAY GUESTS MON ONLY	X _____	@ \$140.00	\$ _____
DAY GUESTS TUES ONLY	X _____	@ \$140.00	\$ _____
DINNER ONLY – MONDAY	X _____	@ \$120.00 (members partners also at this price)	\$ _____
NAME OF ATTENDEES _____			

DELEGATE BOOKINGS – NON - SRACA MEMBERS

DELEGATES	X _____	@ \$490.00 (All inclusive 3Day package)	\$ _____
COCKTAIL PARTY	X _____	@ \$65	\$ _____
DAY GUESTS MON ONLY	X _____	@ \$200	\$ _____
DAY GUESTS TUE ONLY	X _____	@ \$200	\$ _____
DINNER ONLY – MONDAY	X _____	@ \$160.00 (members partners also at this price)	\$ _____
NAME OF ATTENDEES _____			

TOTAL PAYMENT ENCLOSED \$ _____
TOTAL PAYMENT BANK DEPOSIT \$ _____

PLEASE NOTE:

REGISTRANTS CANCELLING WITHIN 21 DAYS OF THE CONFERENCE WILL INCUR A \$100.00 FEE. THERE WILL BE NO REFUND FOR CANCELLATIONS MADE AFTER FRIDAY 23RD OCTOBER 2015.

*****REGISTRATIONS MUST BE PAID IN FULL BY 23RD OCTOBER, 2015**

PAYMENTS:

Internet: E-mail bank receipt and this form

By mail: Mail bank receipt or cheque payable to SRACA and this form

RAZA SARIC

36 Nalya Road

Narrabeena NSW 2099

Work: 99980204 / 99769712

Mob: 0411448350

Email: Remzija.Saric@health.nsw.gov.au

BANK DEPOSIT:

BSB: 032285 **Account:** 262958

Reference: Company/Facility Name or Delegate Name