



**2018 FSRACA National Conference Luna Park Delegate Registration Form**

Title (circle )	Mr.                      Mrs.                      Ms                      Other_____
First Name	
Surname	
Position	
Company	
Postal Address	
Postcode	Phone:
Email Address	
<b>SRACA Membership No:</b>	
Attending Wednesday workshop (12/09/18) 8:30 am – 1:30pm	<b>Yes / No</b> This will be capped at 140 delegates only, first in basis. Included in the full package (Circle)
Attending Wednesday Meet & Greet (12/09/18) 5:00pm to 7pm	<b>Yes / No</b> Included in the full package (Circle)
Attending Thursday night Gala Dinner (13/09/18) 6:30pm to 11pm	<b>Yes / No</b> Included in the full package (Circle)
Dietary Requirements	

<b>Member Price: Only available for current financial members</b>	<b>Cost</b>	<b>Complete</b>
Early bird full package pay by August 1 <sup>st</sup> 2018 (12/09/18 – 14/09/18)	\$280.00	
Full package after 2/08/18	\$350.00	
Thursday only registration <b>not including Gala Dinner</b>	\$125.00	
Friday only registration <b>not including Gala Dinner</b>	\$125.00	
<b>Extra Meet &amp; Greet ticket</b>	<b>\$70.00</b>	
<b>Extra Gala Dinner Ticket</b>	<b>\$80.00</b>	

<b>Non Member Price</b>	<b>Cost</b>	<b>Complete</b>
Full registration	\$380	
Thursday only registration <b>not including gala Dinner</b>	\$135	
Friday only registration <b>not including Gala Dinner</b>	\$135	
<b>Extra Meet &amp; Greet Ticket</b>	<b>\$70</b>	
<b>Extra Gala dinner ticket</b>	<b>\$80</b>	

<b>Payment options</b>
Cheques make payable to FSRACA and return address below
EFT Payments to Bank account : FSRACA Commonwealth Bank BSB: 062517 Account number: 11218168
If paying by EFT PLEASE QUOTE YOUR Name & membership number in transfer details and send a FAX OR EMAIL a copy of the form to FSRACA P.O Box M71 Missenden Rd Camperdown NSW 2050 FAX (02) 95158120 OR Email <a href="mailto:Cynthia.Shaw@health.nsw.gov.au">Cynthia.Shaw@health.nsw.gov.au</a>
<b>Confirmation of Registration will be made following Payment and receipt of form.</b>