

## REGISTRATION FORM

Register on-line at the Conference website: [www.iapa.com.au](http://www.iapa.com.au)

Or please complete and return this form, accompanied by your payment in Australian Dollars to:

**IAPA 2005**

84 Queensbridge Street  
Southbank VIC 3006  
AUSTRALIA

Telephone: +61 3 9682 0244

Fax: +61 3 9682 0288

E-mail: [registration@icms.com.au](mailto:registration@icms.com.au)

**ABN: 14 140 953 933**

This form becomes a Tax Invoice upon payment. Please retain a copy for your records.

In registering for this Conference relevant details will be incorporated into a participant list for the benefit of all delegates (name and organisation only), details may be made available to parties directly related to the Conference including venue and accommodation providers (for the purpose of room bookings and Conference options), key sponsors (subject to strict conditions) and to inform you via e-mail of future IAPA Conferences. Please tick the box below if you do not wish to have your name included in the participant list.

Please tick  as appropriate:  I Do Not Consent

**ALL FEES QUOTED ARE INCLUSIVE OF GST**

**A. DELEGATE INFORMATION (Please print in block letters)**

Title (Professor/Dr/Mr/Ms/Mrs/Miss): \_\_\_\_\_ Given Name: \_\_\_\_\_

Family Name: \_\_\_\_\_

Company/Organisation (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Country: \_\_\_\_\_

Telephone Business: \_\_\_\_\_ Facsimile: \_\_\_\_\_

E-mail: \_\_\_\_\_

Special Requirements: (eg: wheelchair access/vegetarian) \_\_\_\_\_

**B. REGISTRATION FEES**

Registration Type	Fees
Non Member/Corporate Registration	AUD350.00
Member Registration	AUD225.00
Registrars/Allied Health Registration	AUD175.00
Concession Registration* (Students, Consumers and Carers)	AUD75.00

Registration Fees SUB TOTAL AUD \_\_\_\_\_

\*Please fax evidence of your concession status to the Conference Secretariat on +61 3 9682 0288



**C. SOCIAL AND CULTURAL PROGRAM**

**WELCOME DINNER** Friday 25 November 1900 – 2130

Included in registration fee. Please indicate attendance (✓) Yes  No

**Additional Tickets Welcome Dinner**

Tickets AUD80.00 per ticket x tickets AUD \_\_\_\_\_

**MIND BODY & SOUL HEALTH WORKSHOP**

**Practical Spirituality In Personal And Professional Life With Healing Energy Meditations**

**Breakfast Session, Saturday 26 November 0700 – 0830**

Included in registration fee. Please indicate attendance (✓) Yes  No

**Additional Tickets Breakfast Session**

Tickets AUD40.00 per ticket x tickets AUD \_\_\_\_\_

**GALA DINNER DANCE AND CULTURAL EVENING**

**Saturday 26 November 1900 – 2300**

Tickets AUD60.00 per ticket x tickets AUD \_\_\_\_\_

**SOCIAL AND CULTURAL PROGRAM SUB TOTAL AUD \_\_\_\_\_**

**GRAND TOTAL ENCLOSED AUD \_\_\_\_\_**

**D. SUNDAY WORKSHOPS**

- Cinema and Psychotherapy** – Professor Mohan Agashe (India)
- Practical Spirituality in Personal and Professional Life with Healing Energy Meditations through Raj Yoga** – Dr Avdesh Sharma (India)
- Registrar Training: RANZCP Examination Training** – Dr Sathya Rao (Australia)
- Vedanta Consciousness and Shanthi Yoga** – Dr Shanthi Gowans (Shanthi Niketan, Australia)
- Spiritually Augmented Cognitive Behaviour therapy in Demoralisation and Depression** – Dr Russell D’Souza (Australia)

These workshops are included in the Registration Fee. Please indicate the workshop you wish to attend.

**E. PAYMENT DETAILS**

**Cheques:** Please make all cheques and bank drafts payable to: **IAPA 2005**

**All payments MUST BE IN AUSTRALIAN DOLLARS (AUD).**

OR

**CREDIT CARD:** Please note that credit card charges will appear on your statement as **ICMS Pty Ltd**

Please charge my: (Tick ✓ which applicable)

- American Express  Diners Club  MasterCard  Visa

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Card Expiry Date: / (mm/yy) (must be provided to process payment)

Cardholder’s Name (Please Print): \_\_\_\_\_

Cardholder’s Signature: \_\_\_\_\_

**TELEGRAPHIC TRANSFER:**

If you wish to pay via telegraphic transfer, please indicate in the box below. Upon receipt of this registration form, the Conference Secretariat will mail or fax an applicable tax invoice to you within 5–7 working days.

- Please send me documentation to arrange a telegraphic transfer.

The conference will not be responsible for charge of bank fees associated with the transfer.

**CANCELLATION AND REFUNDS:** Cancellations must be advised in writing to the Conference Secretariat. Cancellations received before **Friday, 24 October 2005** will receive a refund of registration fees less an administration charge of AUD100.00.

## ACCOMMODATION FORM

Register on-line at the Conference website: [www.iapa.com.au](http://www.iapa.com.au)

Or please complete and return this form, accompanied by your payment in Australian Dollars to:

### ICMS Travel

84 Queensbridge Street  
Southbank VIC 3006  
AUSTRALIA

Telephone: +61 3 9682 0244

Fax: +61 3 9682 0288

E-mail: [registration@icms.com.au](mailto:registration@icms.com.au)

Please note that this document is not a tax invoice. Tax invoices will be issued upon check out from your nominated hotel.

### A. DELEGATE INFORMATION (Please print in block letters)

Title (Professor/Dr/Mr/Ms/Mrs/Miss): \_\_\_\_\_ Given Name: \_\_\_\_\_

Family Name: \_\_\_\_\_

Company/Organisation (if applicable): \_\_\_\_\_

Telephone Business: \_\_\_\_\_ Facsimile: \_\_\_\_\_

E-mail: \_\_\_\_\_

ALL RATES QUOTED ARE INCLUSIVE OF GST

### B. ACCOMMODATION RATES

DOCUMENT BECOMES A TAX INVOICE UPON PAYMENT. PLEASE RETAIN A COPY

Hotel	Room Type (Please tick ✓)	Deposit Required per Room	Total Deposit
Sofitel Wentworth Sydney *****	<b>Standard Room</b>	AUD250.00	
	<input type="checkbox"/> Single		
	<input type="checkbox"/> Double*		
	<input type="checkbox"/> Twin*		
	<b>Superior Room</b>	AUD280.00	
	<input type="checkbox"/> Single		
Travelodge Martin Place ***1/2	<b>Standard Room</b>	AUD135.00	
	<input type="checkbox"/> Single		
	<input type="checkbox"/> Double*		
Medina Classic Martin Place ***1/2	<b>Studio</b>	AUD165.00	
	<input type="checkbox"/> Single		
	<input type="checkbox"/> Double*		
The Waldorf Apartment Hotel	<input type="checkbox"/> 1 Bedroom Apartment	AUD180.00	
	<b>1 Bedroom</b>	AUD187.00	

Accommodation Deposit Sub Total AUD \_\_\_\_\_

(N.B Accommodation booking will not be accepted unless accompanied by a one night deposit per room)

\* Please advise name of person sharing room: \_\_\_\_\_



**C. ROOM REQUIREMENTS**

Arrival Date        /        /        2005                      Estimated time of arrival: \_\_\_\_\_

Departure Date:   /        /        2005

I/We will require: (Tick ✓ which applicable):

- Non Smoking                                       Smoking\*

\*Where possible the hotel will endeavour to fulfil your request, however this is not guaranteed.

**D. PAYMENT DETAILS**

**Cheques:** Please make all cheques/bank drafts payable to: **ICMS Travel**. All payments MUST BE IN AUSTRALIAN DOLLARS (AUD).

OR

**Credit Card:**

Please charge my: (Tick ✓ which applicable)

- American Express    Diners Club    MasterCard    Visa

□ □ □ □    □ □ □ □    □ □ □ □    □ □ □ □

Card Expiry Date:        /        (mm/yy) (must be provided to process payment)

Cardholder's Name (Please Print): \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Please Note: If paying by credit card, your details will be passed onto the hotel as a guarantee. The hotel may not initially deduct payment from your credit card but may charge you full payment at the time of check-out.

**TELEGRAPHIC TRANSFER:**

If you wish to pay via telegraphic transfer, please indicate in the box below. Upon receipt of this registration form, the Conference Secretariat will mail or fax an applicable tax invoice to you within 5–7 working days.

- Please send me documentation to arrange a telegraphic transfer.

The conference will not be responsible for charge of bank fees associated with the transfer.

**Please note:** The Conference Secretariat cannot accept new accommodation bookings, or amendments to existing bookings after **Friday 24 October 2005**.

**CANCELLATION AND REFUNDS:** Cancellations must be advised in writing to the Conference Secretariat. The deposit will be forfeited for all cancellations received **Friday 24 October 2005** or if the room is not occupied on the advised date of arrival.