

REGISTRATION FORM

INTERNATIONAL PSYCHIATRY CONFERENCE

26–27 November 2004

Organised by IAPA (Aus)/Australasian South Asian Psychiatry Forum

TAX INVOICE

ABN 60 007 253 563

Please print in block letters and keep a photocopy for your record. One form per person please.

Note that prices quoted with the exception of accommodation prices are in Australian dollars and are inclusive of Good and Services Tax (GST).

By completing this registration form you have read, understood and agree to the cancellation policy and privacy statement as stated on this form.

CONTACT DETAILS

Mr/Ms/Mrs/Miss/Dr/Professor/Other (please specify) _____

Surname _____ First Name _____

Organisation _____ Position _____

Address _____

Town/City _____ Country _____ Zip/Postcode _____

Bus Telephone _____ Bus Fax _____

Mobile Telephone _____ Home Telephone _____

Email _____

Dietary Requirements _____

Please specify your primary role at the Conference:

Delegate Speaker Committee Chair

CONFERENCE REGISTRATION

Full Registration (includes morning and afternoon tea, lunch, Welcome Dinner, Yoga Session and IAPA Membership)	Registration Amount
Full/Corporate Registration	AUD\$250.00
Medical/Member Registration	AUD\$125.00
Concession Registration & Fully Paid IAPA Member Registration Students/Registrars/Community Carers/Consumers/Scholarships/Allied Health (applications to the Conference Office)	AUD\$75.00

Conference Registration Sub Total A\$ _____

Preferred Name for Badge _____

INCLUSIVE SOCIAL FUNCTIONS

(included in registration)

The following Social Functions are included in the cost of the Conference registration fee. For catering purposes, please indicate if attending. Additional tickets are available for partners and guests below.

Welcome Dinner

Friday 26th November Yes No

Conference Yoga Class & Breakfast Yes No

Saturday 27 November Yes No

ADDITIONAL TICKETS

If you would like to purchase additional tickets for partners and guests, please indicate the number of tickets required.

Social Function	Dates	Cost	No. of Tickets	Total Cost
Welcome Dinner	Friday 26th November 1900 – 2130	\$60 per person		

Name of additional attendee/s: _____

Dietary Requirements of attendee/s: _____

Additional Social Function Tickets Sub Total A\$ _____

OPTIONAL SOCIAL FUNCTION

(not included in registration)

The following Conference Dinner is not included in the cost of the delegate registration fee. If you would like to purchase tickets for this functions please indicate the number of tickets required.

Optional Social Function	Dates	Cost	No. of Tickets	Total Cost
Conference Dinner	Saturday 1900 – 2230	\$60 per person		

Dietary Requirements of attendee/s: _____

Optional Social Function Tickets Sub Total A\$ _____



REGISTRATION FORM

ACCOMMODATION

The conference office cannot accept accommodation booking after **Tuesday 26 October 2004**. Delegates will need to make their own accommodation arrangements after this date.

Rating	Hotel	Distance to Venue	Room Type AUD\$ Rate per room per night
			Double (one bed)
5	Hotel Sofitel 25 Collins Street Melbourne 3000	Located at Conference Venue	<input type="checkbox"/> \$195.00 per room per night (room only) <input type="checkbox"/> \$215.00 per room per night (room and 1 breakfast) <input type="checkbox"/> \$235.00 per room per night (room and 2 breakfasts)
4.5	Mecure Hotel 13 Spring Street Melbourne	2 minutes walk	<input type="checkbox"/> \$138.00 per room per night (room only) <input type="checkbox"/> \$148.00 per room per night (room and 1 breakfast) <input type="checkbox"/> \$158.00 per room per night (room and 2 breakfast)
3.5	Oakford On Collins 182 Collins Street Melbourne 3000	5 minutes walk	<input type="checkbox"/> One Bedroom Apartment (Double) \$140.00 <input type="checkbox"/> Two Bedroom Apartment \$180.00

Refer to the Accommodation section at www.iapa.com.au for full details.

2nd Preference, if first choice is not available _____

3rd Preference, if first & second choice is not available _____

Note: Hotel bookings will not be accepted unless accompanied by a minimum of one night's tariff as deposit.

Accommodation Sub Total A\$ _____

Any Special Requirements _____

I have arranged to share with _____

Arrival: Day In _____ /11/04 (check in 1:00pm onwards) Time of arrival: _____ am/pm

Departure: Day Out _____ /11/04 (check out approximately 10:00am)

Change of Booking

Any change to a reservation must be notified in writing to the Conference Office and not directly to the hotel.

Refund/Cancellation

Unless notification of cancellation is received in writing thirty days prior to arrival date, the accommodation deposit will be forfeited in all instances.

PAYMENT SUMMARY

Please transfer all sub totals from the sections above and check your calculations carefully.

Registration	AUD\$ _____
Additional Tickets – Inclusive Social Functions	AUD\$ _____
Optional Social Function Tickets	AUD\$ _____
Accommodation	AUD\$ _____
TOTAL PAYMENT	AUD\$ _____

Method of Payment:

Cheque Bank Draft (cheques/bank drafts payable in AUD\$ to "IAPA Conference 2004")
Credit Card: Bankcard MasterCard Visa American express Diners

Cardholder's Name _____ Expiry Date _____

Card No. _____ Signature _____

If paying by credit card, registrations can be made by facsimile or via the website.

Amounts in this brochure with the exception of accommodation prices are in Australian dollars and include 10% Good and Services Tax (GST).

Cancellation Statement

Cancellations received in writing at the Conference Office by Wednesday 26th October 2004 will be accepted and all fees refunded less an AUD\$50 administrative fee. Cancellations received after this date cannot be accepted and will not be refunded, however transfer of your registration to another person is acceptable. The full name and details of the person that will replace you must be advised in writing to the Conference Office prior to the Conference. No refunds will be made for non-attendance at the Conference.

PRIVACY STATEMENT

Do you agree to have your name and organisation included on the delegate list to be included in the delegate satchel?

Yes – I agree No – I would not like to be included on the delegate list

Signature: _____ Date: _____

Please complete and return this form to:
Conference Office
The Meeting Planners Pty Ltd
91-97 Islington Street
Collingwood VIC 3066
AUSTRALIA

If you require additional information contact
Ph: + 61 3 9417 0888
Fax: + 61 3 9417 0899
Email: iapa@meetingplanners.com.au

