

Registration Form

TSANZ and ANZSRS 2008 Annual Scientific Meetings

Melbourne Exhibition & Convention Centre, Victoria • 28 March – 2 April 2008

Registration Form / Tax Invoice • ABN: 17 057 925 836

Online registration available on website
<http://www.thoracic.org.au/asm2008.html>

(Please print clearly)

[For office use only] Reg No TA08/.....

STEP 1: PERSONAL DETAILS

Family Name: Phone (Office):

Title (eg. Prof/Dr/Mr/Ms): Fax (Office):

First Name: Phone (Home/Mobile):

(preferred name for name badge) Email:

Position:

Organisation: **Accompanying Person**

Department: Title: First Name:

Postal Address: Family Name:

..... Special Requests (eg dietary requirements, disability)

.....

City:

State: Postcode

Country:

I prefer to receive correspondence Via mail to the above address Via email *Please tick the preferred option*

Please indicate your professional group: Physician Scientist Nurse Physiotherapist Other

Privacy: I do not wish my personal details (name, organisation, state) to be included in the Delegate List to be distributed to delegates, sponsors and exhibitors at the ASM.

STEP 2: REGISTRATION TYPE

| | Early Bird By 18 Feb 2008 A\$ | Standard After 18 Feb 2008 A\$ | A\$ |
|--|-------------------------------------|--------------------------------------|--|
| TSANZ ASM | | | |
| Full Registration – Mbr*/Assoc Mbr*/ANZSRS Mbr* | <input type="checkbox"/> \$805 | <input type="checkbox"/> \$855 | ..... |
| Full Registration – Researcher/Student** | <input type="checkbox"/> \$465 | <input type="checkbox"/> \$515 | ..... |
| Full Registration – Non-member | <input type="checkbox"/> \$905 | <input type="checkbox"/> \$955 | ..... |
| Day Registration – Mbr*/Assoc Mbr*/ANZSRS Mbr* | <input type="checkbox"/> \$290 | <input type="checkbox"/> \$315 | ..... |
| Day Registration – Non-member | <input type="checkbox"/> \$340 | <input type="checkbox"/> \$365 | ..... |
| (Circle day/s: Sunday / Monday / Tuesday / Wednesday) | | | |
| ANZSRS ASM | | | |
| Full Registration – Member* (Sat/Sun/Mon) | <input type="checkbox"/> \$415 | <input type="checkbox"/> \$465 | ..... |
| Full Registration – Non-member (Sat/Sun/Mon) | <input type="checkbox"/> \$580 | <input type="checkbox"/> \$630 | ..... |
| Saturday only – Non-member | <input type="checkbox"/> \$290 | <input type="checkbox"/> \$315 | ..... |
| Joint TSANZ/ANZSRS (Must be current TSANZ or ANZSRS financial member) | | | |
| Full Registration | <input type="checkbox"/> \$970 | <input type="checkbox"/> \$1020 | ..... |
| | | | Registrations Subtotal \$ AUD |

* Available only to current financial members of either society

** If applying for a Researcher or Student Registration, please complete step 8 of this form and obtain relevant signatures.

Membership Number: TSANZ..... ANZSRS.....

ANZSRS MEMBERSHIP FEES

| | | |
|---------------------------------------|--------|-------|
| Ordinary member | A\$100 | ..... |
| Associate member | A\$80 | ..... |
| Ordinary with joint TSANZ membership | A\$75 | |
| Associate with joint TSANZ membership | A\$60 | |

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STEP 3: ANZSRS WORKSHOPS

| Monday 31 March (included in ANZSRS registration fees) | Cost | Attendance (please circle) |
|---|------|-------------------------------|
| CRFS Workshop | N/C | YES / NO |
| Research Workshop | N/C | YES / NO |

STEP 4: TSANZ BREAKFAST SESSIONS

\$30 per session. Please indicate preferences for each day

| Monday | Tuesday | Wednesday |
|---|--|---|
| 1 [] Evidence-Based Medicine: Another Naked Emperor [Tobin] | 5 [] Pro-con debate: Chest CT should be part of routine management in children with cystic fibrosis [Wainwright/Cooper] | 8 [] Mucolytic therapy for CF lung disease [Bye] |
| 2 [] End of life issues [Detering, Wiles Finlayson] | 6 [] Management of severe COPD [Pierce, Snell, Glanville] | 9 [] More hair of the dog? Immunotherapy in respiratory allergies [Douglass] |
| 3 [] Case studies of new bronchology techniques in everyday clinical practice [Fielding] | 7 [] Tuberculosis: What (how much) does a respiratory physician need to know? [Waring] | |
| 4 [] Surveillance methods for orphan lung diseases in paediatrics [Jaffe] | | |

Breakfast Sessions Subtotal:sessions @ \$30 each = A\$

STEP 5: TSANZ SHORT COURSES & SATELLITE SYMPOSIA

| | Cost | Attendance (please tick) | \$ |
|---|--------|-----------------------------|-------|
| Advanced Trainees Course (Friday/Saturday) | A\$250 | [ ] | ..... |
| Respiratory Research Course – Member (Saturday) | A\$130 | [ ] | ..... |
| Respiratory Research Course – Non Member (Saturday) | A\$160 | [ ] | ..... |
| Respiratory Nurses SIG – TSANZ Member (Saturday) | Nil | [ ] | ..... |
| Respiratory Nurses SIG – Non Member (Saturday) | A\$ 75 | [ ] | ..... |
| Astra Zeneca Symposium (Saturday pm) | Nil | [ ] | ..... |
| Glaxo SmithKline Satellite Symposium (Sunday am) | Nil | [ ] | ..... |
| Boehringer Ingelheim / Pfizer Australia Satellite Symposium (Sunday pm) | Nil | [ ] | ..... |
| ALF Lung Cancer Consultative Group Symposium (Sunday am) | Nil | [ ] | ..... |
| Australasian Sleep Trials Network Open Forum (Sunday am) | Nil | [ ] | ..... |

Subtotal: A\$

STEP 6: STUDENT/RESEARCHER CERTIFICATION

I certify that.....
(Name of applicant)

is earning less than **\$50,000** per annum at
(Institution)

Signed (Head of Department): Name (please print):

Date:...../...../.....

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STEP 7: SOCIAL PROGRAM TICKETS

NB: Please refer to registration fee details (page 14) for details of functions included in each type of registration fee. For catering purposes, it is important to indicate your attendance even if the function is included in your full registration. If this is not indicated, it will be presumed that you are not attending.

| ANZSRS ASM | | No. persons | \$ |
|------------------------------------|----------------------------|--------------------|------------------|
| Welcome Reception (Friday 28/03) | Inclusive attendees | @ \$0 | YES/NO |
| Welcome Reception (Friday 28/03) | Additional tickets | @ \$50 | ..... |
| Conference Dinner (Saturday 29/03) | Inclusive attendees | @ \$0 | YES/NO |
| Conference Dinner (Saturday 29/03) | Additional tickets | @ \$110 | ..... |
| TSANZ ASM | | No. persons | \$ |
| ALF Fun Run/Walk (Sunday 30/03) | Ticket | @ \$20 | ..... |
| Welcome Reception (Sunday 30/03) | Inclusive attendees | @ \$0 | YES/NO |
| Welcome Reception (Sunday 30/03) | Additional tickets | @ \$50 | ..... |
| ALF Wine Tasting (Monday 31/03) | Tickets | @ \$50 | ..... |
| Conference Dinner (Tuesday 1/04) | Inclusive attendees | @ \$0 | YES/NO |
| Conference Dinner (Tuesday 1/04) | Additional tickets | @ \$110 | ..... |
| Social Program Subtotal: | | | A\$ |

STEP 8: ACCOMMODATION

Accommodation bookings WILL NOT be accepted by the Secretariat after Friday 18 February 2008

Please indicate your accommodation preferences:

| | Single | Double | Twin | \$ |
|---------------------------------------|---------------|-----------------------------|-------------|-----------|
| Crowne Plaza Hotel | [] A\$250 | [] A\$250 | [] A\$250 | ..... |
| Rendezvous Hotel | [] A\$174 | [] A\$174 | [] A\$174 | ..... |
| Travelodge Southbank | [] A\$140 | [] A\$140 | [] A\$140 | ..... |
| Hotel Enterprize Superior Room | [] A\$140 | [] A\$160 | [] A\$160 | ..... |
| Medina Northbank – Studio | [] A\$145 | Sleeps 1 – 2: refer page 16 |  | ..... |
| Medina Northbank – 1 bedroom | [] A\$200 | Sleeps 1 – 2: refer page 16 |  | ..... |
| Riverside Apartments – 1 Bed | [] A\$199 | Sleeps 1 – 2: refer page 16 |  | ..... |
| Riverside Apartments – 2 Bed / 1 bath | [] A\$270 | Sleeps 2 – 4: refer page 16 |  | ..... |
| Riverside Apartments – 2 Bed / 2 bath | [] A\$312 | Sleeps 2 – 4: refer page 16 |  | ..... |

Arrival Date: Departure Date: No. Nights:

Airline: Flight No: Arrival Time:

I will be sharing my room with:

Special requests: [] Smoking [] Non-smoking

[] As I will be checking in prior to 1430/1500 hrs and would like immediate access to my room, I wish to pre-register my room (and pay an additional nights tariff)

Please provide 1 night's deposit or credit card details to guarantee your accommodation reservation. Credit card details will be forwarded to the hotel. The hotel will debit your card once you check in or if you fail to arrive on the nominated date. The hotel will provide a tax invoice for the total amount paid on departure.

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STEP 9: TOTAL PAYMENT DUE

| | |
|---|---------------------|
| Registration Fees (Step 2) | \$ |
| Breakfast Sessions (Step 4) | \$ |
| Courses, Workshops & Symposia (Steps 3 & 5) | \$ |
| Social Program (Step 7) | \$ |
| Accommodation (Step 8) | \$ |
| TOTAL DUE | AUD \$ |

PAYMENT OPTIONS

Option A I ENCLOSE A CHEQUE OR BANK DRAFT DRAWN ON AN AUSTRALIAN BANK (in Australian Dollars) made payable to **TSANZ/ANZSRS 2008 ASM**

Option B I HAVE SENT PAYMENT BY ELECTRONIC FUNDS TRANSFER TO:
Commonwealth Bank St Vincents Hospital, VIC BSB: 063 449 A/C: 1014 4416
A/C name: TSANZ/ANZSRS 2008 ASM

Name of your bank:

Date of transfer:

Amount transferred:

Australia has a Federal Goods and Services Tax (GST) of 10%. Overseas delegates are not exempt from paying this tax. All costs include GST.

All payments must be made in AUSTRALIAN DOLLARS only. Payment in any other currency will not be accepted. Forms will not be processed nor acknowledgements sent until payment is received.

Please include delegate's name and / or invoice number on the transfer details and fax remittance advice to the Secretariat. Acknowledgement cannot be sent unless these details are provided.

Option C PLEASE CHARGE MY CREDIT CARD (Circle type and complete details below)

[] Registration Fee/Social Program

[] YES, I agree to my credit card details being forwarded to my chosen hotel to guarantee the reservation. I understand nothing will be debited from my credit card for accommodation by the ASM Secretariat.

Visa Mastercard Bankcard **NB: Amex and Diners Clubcards NOT Accepted**

Credit Card Number

Cardholder's Name:

Home Address:

Expiry Date:...../...../..... Signature:..... Date:...../...../.....

If you are not from Australia and are paying by credit card, please authorise your bank to allow a charge from Australia to go through.

STEP 10: FORWARD THIS REGISTRATION FORM WITH PAYMENT TO:

TSANZ/ANZSRS 2008 ASMs Secretariat
PO Box 949
KENT TOWN SA 5071 AUSTRALIA
Phone: 08 8363 1307 (Within Australia) **Fax:** 08 8363 1604 (Within Australia)
Phone: +61 8 8363 1307 (International) **Fax:** +61 8 8363 1604 (International)
E-mail: tsanz@fconventions.com.au

We suggest you make a copy of this form for your own records. If payment has to be processed through a large organisation and may be delayed, please forward a separate copy of the registration form to the Secretariat. However, registrations will only be acknowledged once payment has been received.

For Office Use Only:

Reg No: TA08/..... Cheque No:.....
Bank: Amount: \$.....
BSB: Ref No:
A/C Name:.....