

2017 ALMA Conference Registration Form

PERSONAL INFORMATION

Name:

Partner's name (if attending):

Address:

Phone: Mobile:

Email:

Are you a financial member of ALMA? YES NO

If "NO", is your membership application/renewal form attached to this registration form?

Please tick this box if you are a Medical Student

Please tick this box if you are a JALMA or a Doctor in Training or Retired

Medical Students are offered free conference registration and dinner and (if needed) may apply for accommodation and/or travel subsidies. Please consider applying for conference/accommodation/travel subsidies if cost is prohibiting your attendance. We suggest that an income <\$70k should consider the partial concession fee offered. Non-earning or retired ALMAs would be eligible for a full concession. Any queries contact Dr Jeannie Knapp (treasurer@almas.org.au)

No of Days (inc lunch)	Member price	Partial concession	Partner or full concession	Days Attending (Please indicate how many people will be attending each day)
One	\$275	\$190	\$140	ie. <input type="text" value="1"/> or <input type="text" value="2"/>
Two	\$470	\$320	\$240	<input type="checkbox"/> Friday and/or
Three	\$570	\$375	\$290	<input type="checkbox"/> Saturday and/or
				<input type="checkbox"/> Sunday

As ALMA is not registered for GST, there are no GST charges to these prices.

Lunch only option for partners

If your partner is not registering for the conference but would like to join us for lunch (\$31 per day), please indicate days for lunch ie. Fri Sat Sun

Sponsor a Student (or part of a student)

- 1 day - \$275
- 2 days - \$470
- 3 days - \$570
- Dinner - \$100

Saturday Dinner (\$100 per person)

Please indicate how many people will be attending dinner ie. or

DINNER GUEST/S

Dietary Requirements

Self Veg Other _____ Partner Veg Other _____

Sub-Total \$ _____

10% Early Bird discount if payment received before COB Tuesday 22 August

Payment Method

Please specify payment options.
BPAY Biller code: 585828 Ref: (Your ALMA membership number).
Contact admin@almas.org.au for further information

Total \$ _____

BPay Cheque

Please send this Registration Form to Admin Assistant, Gail Sheehan by email (admin@almas.org.au) or post (ALMA Accounts, PO Box 256, South West Rocks, NSW 2431)