



# 2017 Australian Nursing and Midwifery Conference

14th & 15th September 2017

Newcastle Exhibition and Convention Centre,  
Newcastle, NSW

[www.nursingmidwiferyconference.com.au](http://www.nursingmidwiferyconference.com.au)

## REGISTRATION FORM

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### DELEGATE (please complete one form for each delegate)

TITLE (please tick)  Mr  Mrs  Ms  Miss  Other (please indicate)

FIRST NAME

SURNAME

PREFERRED NAME ON NAME BADGE

POSITION

ORGANISATION

POSTAL ADDRESS

SUBURB

STATE

POSTCODE

DAYTIME PHONE

FAX

MOBILE

EMAIL

BILLING ADDRESS\*: (write "as above" if same)

\* All invoices and receipts will be sent directly to the nominated Billing Address.

Could you please advise your Clinical Area:  Adult  Paediatrics  Midwives

Dietary / Special Requirements:

Please tick if you DO NOT want your details to appear on a list of delegates

## TAX INVOICE

All prices include GST

**Nursing and Midwifery Conference** ABN 56 515 955 798

Once paid, this registration form is recognised by the Australian Taxation Office as a compliant Tax Invoice.

Please RSVP for the Welcome Reception that is included in your registration type. Tickets will only be allocated to you if you indicate your attendance.

### CONFERENCE REGISTRATION

	Early Registration (by 21st July 2017)	Regular Registration (after 21st July 2017)	Total
<b>Full Registration</b> Includes all conference sessions and welcome reception. <input type="checkbox"/> Yes, I will be attending the Welcome Reception	<input type="checkbox"/> \$550.00	<input type="checkbox"/> \$650.00	\$
<b>Student Full Registration</b> Includes all conference sessions, welcome reception and student breakfast. *Available for full time students only <input type="checkbox"/> Yes, I will be attending the Welcome Reception <input type="checkbox"/> Yes, I will be attending the Student Breakfast	<input type="checkbox"/> \$350.00	<input type="checkbox"/> \$450.00	\$
<b>Day Registration</b> Includes conference sessions for nominated day only. Excludes all social functions <input type="checkbox"/> Thursday or <input type="checkbox"/> Friday	<input type="checkbox"/> \$300.00	<input type="checkbox"/> \$350.00	\$
<b>Total Registration Fees:</b>			<b>\$</b>



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### SOCIAL FUNCTIONS

	Number of Tickets	Cost per Ticket	Total
<b>Additional ticket – Welcome Reception</b> (Thursday 14th September) Note: this is included with all full registrations.		<input type="checkbox"/> \$50.00	
<b>Total Social Functions:</b>			<b>\$</b>

### ACCOMMODATION BOOKING

**The deadline for accommodation bookings via this registration form is Friday 21st July 2017.**

All rates quoted are per room, per night and do not include breakfast.

All rates include GST. Please read the accommodation booking conditions before making your booking. All bookings are subject to availability.

Hotel	Room Type	Room Rate (per night, room only)	Check In Date	Check Out Date	Number of Nights
<b>Travelodge Hotel Newcastle</b>	<input type="checkbox"/> Standard room	<input type="checkbox"/> \$140			
<b>Quest Newcastle</b>	<input type="checkbox"/> One Bedroom Apartment	<input type="checkbox"/> \$215			
<b>Total Accommodation:</b> (Full payment required)					<b>\$</b>

### PAYMENT DETAILS

Registration Fee Total:	\$
Social Functions Total:	\$
Accommodation Total:	\$
<b>TOTAL TO PAY:</b>	<b>\$</b>

### PAYMENT OPTIONS: (All prices include GST)

- Cheque or money order enclosed (payable to: 'Nursing and Midwifery Conference') – or
- Electronic deposit:    BSB: 082-551    Account Number: 14-337-8641    Account Name: Nursing and Midwifery Conference  
Please email remittance advice to [amy@eastcoastconferences.com.au](mailto:amy@eastcoastconferences.com.au) as soon as payment has been made – or
- Credit Card payment  
Type of card (please tick)     MasterCard     Visa Card

Card Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Expiry Date    /

Name on Card

Cardholder Signature

Date    /    /

Please ensure you read and understand the Registration Conditions outlined on the conference website  
[www.nursingmidwiferyconference.com.au](http://www.nursingmidwiferyconference.com.au) before submitting this registration form.

Please return form to:

**3rd Australian Nursing and Midwifery Conference Managers**

**C/- East Coast Conferences**

**PO Box 848 COFFS HARBOUR NSW 2450**

**Phone: 02 6650 9800**

**Email: [amy@eastcoastconferences.com.au](mailto:amy@eastcoastconferences.com.au)**

**Website: [www.nursingmidwiferyconference.com.au](http://www.nursingmidwiferyconference.com.au)**