Registration Form
Autumn Scientific Meeting 6 March 2010

TAX INVOICE

Surname:……First Name:…….

Phone:……. Email:…….....

Address:…….. Postcode:…….

Privacy Statement: Information supplied on this registration form will be used by the Organising Committee for the purposes of this meeting. Unless indicated otherwise your name and affiliation will be included in the list of participants to be distributed to conference attendees including sponsors.

Should you NOT wish for your details to be used for these purposes- please tick here ☐

REGISTRATION FEES (All fees are GST Inclusive)	Early Bird Fee to 24/2/10	Standard Fee applies after 24/2/10	Please tick Registration type
Anaesthetists	$220	$250	
Non AOTP members	**$140**		
AOTP Members	**$110**	$140	
SUN DOWNER			Please indicate
Delegates *(Please indicate if you are attending the sun downer)*	**Free**		☐ Yes ☐ No

Please indicate if you have any special dietary requirements……..

PAYMENT:

□ Cheque or money order made payable to “AOTP Inc”

Forward payment to:

Brenda Borton
Secretary
PO Box 606
Subiaco
WA 6008