

AWMA 2012 Conference
Managers
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Australian Wound Management Association
Conference 2012
18-21 March 2012
Sydney Convention and Exhibition Centre



AWMA
Australian Wound
Management Association Inc.
National

Please note details submitted will be used for all mailings. Please ensure the information you complete is correct.

IMPORTANT REGISTRATION INFORMATION

- Online Registration is preferred. Please visit our secure website www.awma2012.com to register.
- This registration form should be sent by **post** to the AWMA 2012 Conference Managers at the above address and must be accompanied with full payment in order for your registration to be processed and confirmed.
- Cheque payments will only be accepted up until **31 January 2012**. After this date, all registrations (including accommodation bookings) must be submitted with credit card details at www.awma2012.com
- Cheques must be made payable to **AWMA 2012 Conference**. Your name and full address should be typed or printed clearly on the back of the cheque. Cheque payments from overseas must be drawn in Australian Dollars drawn on an Australian Bank. No other currency will be accepted.
- All cheque payments will incur a \$10 processing fee.
- All credit card payments will incur a 2.5% charge on each transaction.
- You may **not** pay your fees by Electronic Funds Transfer (EFT).
- Please refer to the website for full terms and conditions.

A. DELEGATE

TITLE	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> Other _____ (please tick)	
FAMILY NAME		
GIVEN NAME		
ORGANISATION		
POSITION		
POSTAL ADDRESS		
CITY/SUBURB		
	STATE	POSTCODE
COUNTRY		
TELEPHONE		
MOBILE PHONE		
FAX		
EMAIL		
PREFERRED NAME ON NAME BADGE		

B. REGISTRATION FEES

NOTE: All fees include the 10% Goods and Services Tax (GST).

	**Early Bird Registration Fee Before Thursday 1 December 2011	Standard Registration Fee After Thursday 1 December 2011
Member Full Registration	A\$695.00	A\$845.00
Non Member Full Registration	A\$895.00	A\$1045.00
Student Registration ***	A\$595.00	A\$745.00
Member Day Registration	A\$375.00	A\$375.00
Non Member Day Registration	A\$425.00	A\$425.00

* Please note that registrations received after 9 March 2012 will incur additional fees.

** To be entitled to the early bird registration fee you must have registered and paid by Thursday 1 December 2011

*** Students are required to submit valid student identification.

If you are registering for a day, please tick which day you will be attending:

- Monday
 Tuesday
 Wednesday

B. Sub-Total Registration Fee: A\$ _____

Registration Entitlements

	Full and Student Registration	Day Registration (Entitlements on designated day(s) only)
All Sessions	✓	✓
Name Badge and Satchel	✓	✓
Official Documentation	✓	✓
Morning and afternoon Teas	✓	✓
Lunch	✓	✓
Welcome Drinks	✓	

C. PRE CONFERENCE WORKSHOP

The Pre Conference Workshop registrations include morning, afternoon tea and lunch on Sunday 18th March 2012.

NOTE: All fees include the 10% Goods and Services Tax (GST).

	*Early Bird Registration Fee Before Thursday 1 December 2011	Standard Registration Fee After Thursday 1 December 2011
Member Full Registration	A\$130.00	A\$150.00
Non Member Full Registration	A\$170.00	A\$190.00

*To be entitled to the early bird registration fee you must have registered and paid by Thursday 1 December 2011

C. Sub-Total Pre Conference Workshop: A\$_____

D. SPONSORED BREAKFAST SESSIONS

The Sponsored Breakfast sessions are included in the cost of the registration fee. Please note there is a limit of one breakfast session per delegate per day. If you wish to attend a breakfast session please tick the relevant sessions below.

Breakfast Session	Date	Ticket (please tick)
Molnlycke Healthcare	0700 – 0815 Tuesday 20 March 2012	<input type="checkbox"/>
ConvaTec	0700 – 0815 Tuesday 20 March 2012	FULL
KCI Medical	0700 – 0815 Tuesday 20 March 2012	<input type="checkbox"/>
Smith & Nephew	0700 – 0815 Wednesday 21 March 2012	<input type="checkbox"/>
3M	0700 - 0815 Wednesday 21 March 2012	FULL
ARJOHUNTLEIGH	Wednesday 21 March 2012 0700 - 0815	<input type="checkbox"/>

E. ACCOMODATION

Star Rating	Hotel	Room Type	Room Only Rate per room per night	Room & Breakfast Rate per room per night	Number of nights required	Deposit
4.5	Novotel Sydney on Darling Harbour	Pymont View Room SGL	A\$309.00	A\$329.00	SOLD OUT 17 March	
		Pymont View Room DBL/TWN	A\$309.00	A\$349.00	SOLD OUT 17 March	
		Harbour View Room SGL	A\$329.00	A\$349.00		
		Harbour View Room DBL/TWN	A\$329.00	A\$369.00		
3.5	Hotel Ibis Darling Harbour	Pymont View Room SGL	A\$209.00	A\$224.00	SOLD OUT 17 March	
		Pymont View Room DBL/TWN	A\$209.00	A\$239.00	SOLD OUT 17 March	
		Harbour View Room SGL	A\$229.00	A\$224.00		
		Harbour View Room DBL/TWN	A\$229.00	A\$259.00		
4.5	Oaks Goldsborough Apartments Darling Harbour	Studio Room	A\$179.00	NA	SOLD OUT 18 – 20 March	
		1 Bedroom Apartment	A\$197.00	NA	SOLD OUT 18 – 20 March	
		2 Bedroom Apartment	A\$311.00	NA	SOLD OUT	
4.5	Quest Apartments (World Square)	Studio	A\$169.00	NA		
		Executive Studio	A\$175.00	NA		
		One Bedroom Apartment	A\$191.00	NA		

		Two Bedroom Apartment	A\$347.00	NA		
3. 5	Metro Hotel Sydney Central	Superior Room SGL	A\$175.00	A\$193.00		
		Superior Room DBL	A\$180.00	A\$216.00		
		Superior Room TWN	A\$180.00	A\$216.00		

Hotel Room Requirements

- Single
 Twin
 Double

Please indicate below whether you wish to pay for your entire stay:

- Yes, I wish to pay for my entire stay now
 No, I only wish to pay the one night's deposit now

If your first preference of hotel, as indicated above, is not available, the Conference Managers will secure your accommodation at another hotel. Please indicate your second preference:

Second preference _____

Important - Please complete this section

Arrival/Check in Date _____ ETA _____

Departure/Check out Date _____ ETD _____

I wish to pre-register room for early arrival on ____/____/____ at _____ hours

I will be sharing this room with _____

Special Requirements e.g. smoking/ non smoking room (subject to availability)

I do not require the AWMA 2012 Conference Managers to book accommodation for me. I have made my own arrangements.

- I will be staying: _____ (name of hotel)
 with friends or family

E. Sub-Total Accommodation: \$A_____

F.SOCIAL PROGRAM

Welcome Drinks

Date: Sunday 18th March 2011

Time: 1700 – 1800 hours

Venue: Within Trade Exhibition, Hall 6

Dress: Smart Casual

Tickets: Inclusive to all full registrations. Additional tickets can be purchased at A\$65.00 per person

An invitation is extended to all delegates to attend the official Conference Welcome Drinks. This is an excellent opportunity to renew old friendships and make new acquaintances as we welcome you to Sydney with delicious canapés and refreshments. This event is included in the registration fee for full delegates.

Should you wish to purchase additional tickets, please indicate this below:

Function	Cost per ticket	Number of tickets required	Total Cost
Welcome Drinks	A\$65.00		

If you are a full registration delegate please indicate if you will be attending the Welcome Drinks:

Yes No

Conference Dinner Cruise

Date: Tuesday 20th March 2011

Time: 1900 – 2200 hours (boarding from 1845)

Venue: Cruising Sydney Harbour

Boarding: King Street Wharf

Dress: Smart Casual

Tickets: A\$129.00 per person

The social highlight of the Australian Wound Management Association Conference 2012 will be a Sydney Harbour Dinner Cruise. Step aboard and enjoy Sydney's splendid harbour whilst enjoying drinks on the open deck, followed by a seated buffet meal accompanied by Australian wines.

This event is not included in the registration fee for Delegates and Accompanying Persons. If you would like to purchase tickets for yourself, a partner or guest, please indicate this below:

Function	Cost per ticket	Number of tickets required	Total Cost
Conference Dinner	A\$129.00		

F. Sub-Total Additional Social Tickets: A\$ _____

G. CONFERENCE COMPANION

AWMA 2012 Conference will provide you with an opportunity to become a conference companion to other delegates and share your guidance with them or seek a conference companion for yourself. Indicate below if you would like to be Conference Companion or Conference Companion Delegate.

- I want to volunteer as Conference Companion (CC)
- I want to participate in Conference Companion Delegate program (CCD)

Please indicate your discipline:

- | | |
|-------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Dietitian |
| <input type="checkbox"/> Podiatrist | <input type="checkbox"/> Medical Officer |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Physio | <input type="checkbox"/> Other: _____ |

H. SPECIAL NEEDS / DIETARY REQUIREMENTS

If you have any special needs please specify. Every attempt will be made to meet your requirements; however this may not be possible in every case.

- Gluten Free Lactose Intolerant Allergy to Nuts Halal Vegetarian

- Vegan Kosher Allergy to Shellfish

Other _____

I. INFORMATION SOURCE

Where did you hear about the AWMA 2012 Conference?

- | | |
|----------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Industry Colleagues | <input type="checkbox"/> Conference email |
| <input type="checkbox"/> Sponsor / exhibitor | <input type="checkbox"/> Conference direct mail / brochure |
| <input type="checkbox"/> Hospital and Aged Care Magazine | <input type="checkbox"/> Wound Practice and Research Journal |
| <input type="checkbox"/> Internet search | |
| <input type="checkbox"/> Other (Please specify) _____ | |

What is your main reason for attending the AWMA 2012 Conference?

(tick one only)

- | | |
|-------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Conference program | <input type="checkbox"/> Networking |
| <input type="checkbox"/> Social events | <input type="checkbox"/> Trade Exhibition |
| <input type="checkbox"/> Destination / Holiday | <input type="checkbox"/> Sponsor / exhibitor |
| <input type="checkbox"/> Other (Please specify) _____ | |

Are you a first time presenter at an AWMA National Conference?

- YES
- No

J. MATERIAL DISTRIBUTION

- YES – I consent to receiving information from **arinex pty limited** or other organisations on related products or services from time to time.
- No, I do not consent

K. DELEGATE LIST

YES – please include my details as given in this form (and any subsequent amendment) in the Delegate List produced for the Conference which will be supplied to organising bodies, sponsors, exhibitors and all delegates attending the Conference.

- No, please do not include my details in the Delegate List

