



# REGISTRATION FORM

8-10 September 2017

## ACTM Southern Cross Travel Medicine Conference

Peter Doherty Institute – Melbourne, Australia

Please complete and scan to [info@actmtravelmedconference.com](mailto:info@actmtravelmedconference.com)

Name:	Date:
Name of Practice:	Phone:
Contact email:	City:
Dietary Requirements:	

Please register me for the following option (please tick)

**Prices are in NZ Dollars and Include GST**

Whole Conference Early Bird Cut off 30/06/17	Whole Conference Standard Cut off 16/08/17	Daily Rate Cut off 16/08/17	Yellow Fever Workshop Only Cut off 16/08/17
<b>\$735</b> <input type="checkbox"/>	<b>\$850</b> <input type="checkbox"/>	<b>\$400</b> <input type="checkbox"/>	<b>\$330</b> <input type="checkbox"/>

**PAYMENT DETAILS:** I enclose payment for the selected amount on Date \_\_\_\_\_

**DIRECT DEBIT:** BNZ, Account Number: 02 0192 0466744 00 **Reference:** Your name

**CREDIT CARD** (Please note: a 3% surcharge applies for credit card transactions)

Visa / Mastercard (please circle) \_\_\_\_\_

Expiry date \_\_\_\_ / \_\_\_\_

Name on card \_\_\_\_\_

Signature \_\_\_\_\_

### Cancellation Policy

Should you need to cancel for any reason, you may reassign your registration to another person. Cancellations made by 8th August 2017 will be refunded, less \$100.00 administration fee. After this date, no refunds will be made. All refunds will be processed after the conference. If for any reasons beyond the control of the conference organisers the event is cancelled, registration fees will be refunded after the deduction of expenses already incurred.

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Conference Contact: Matt Walker or Clare Shaw [info@actmtravelmedconference.com](mailto:info@actmtravelmedconference.com)