

HPARA CONFERENCE 2018

Registration Form

Join HPARA and save on Registration.

Membership Fee:

Allied Health \$50, Dental \$100, Medical \$100, Mid-Wife \$50, Nurse \$50, Para medic \$25, Associate \$ 25, Student Free

Please email copy of receipt (bank transfer) & completed registration form to Email: hparacommittee@gmail.com

| | | | | |
|--|---|--------------------|------------------------|-----------------------|
| Please fill out ONE registration per person attending | | | | |
| PERSONAL DETAILS | Title | First Name* | Last Name* | |
| | | | | |
| Organisation* | Name: | | | Position: |
| Postal Address* | PO Box: | Suburb: | State/Territory | Post Code: |
| | No. | Street: | | Post Code: |
| Contact* | Phone: | Email: | | |
| Dietary requirements | | | | |
| REGISTRATION | Title | First Name* | Last Name* | |
| | | | | |
| Badge Name (if different) | | | | |
| Early bird (before 29th March 2018); Standard (29th March 2018) | | | | |
| Category | Member | Non-member | Student | |
| Membership Number | | | | |
| Early bird | \$200 | \$275 | \$20.00 | |
| Standard | \$250 | \$300 | \$50.00 | |
| Additional Dinner ticket | \$70 | \$70 | | |
| The conference dinner including a 3-course set menu will be held on Saturday 26/05/2018 7pm, at Mantra-on-View | | | | |
| TOTAL AMOUNT | \$: | | | |
| ACCOMMODATION | Please make booking directly with Mantra-on View or other accommodation of choice | | | |
| Mantra on View Hotel, 22 View Avenue, Surfers Paradise, QLD 4217, Gold Coast, Queensland, Australia 10% discount for conference registrants for day of conference previous day and day after | | | | |
| Phone: 07 5592 2908 Fax: 07 5531 5444 Email: view.res2@mantra.com.au Web: www.mantra.com.au | | | | |
| Guest Code: HPARA Conference | | | | |
| All conference and function payments must be paid in full prior to the conference | | | | |
| TOTAL AMOUNT DUE | \$: | | | |
| Bank Transfer | Account Name | Bank | BSB | Account Number |
| | HPARA | CBA | 064-712 | 1030 7842 |
| Please email copy of receipt & completed registration to Email: hparacommittee@gmail.com | | | | |
| Your registration will be processed within 48 business hours of receiving your registration. | | | | |