



ACROSS THE DIVIDE

Medicines Management 2009 | The 35th SHPA National Conference

5–8 November 2009 | Perth Convention Exhibition Centre

SPONSOR REGISTRATION FORM

ABN: 54 004 553 806

Please carefully read through all the information before filling in the registration form.

Please type or print in BLOCK LETTERS in black. Please complete all sections.

SECTION A: DELEGATE

Title: Prof Dr Mr Ms Mrs Miss Other

Family name: _____

Given name: _____

Organisation: _____

Position: _____

Postal address: _____

Suburb: _____

State: _____ Postcode: _____ Country: _____

Telephone: [_____]

Mobile: _____

Facsimile: [_____]

Email: _____

Name for badge: _____

Special requirements (eg dietary, disability): _____

Please indicate your level of sponsorship:

Major Standard Other: _____

Are you attending a SHPA National Conference for the first time? Yes No

shpamm2009.com

Your registration may be sent by:

- 1** INTERNET REGISTRATION
For payments by credit card only.

Simply visit www.shpamm2009.com and click onto the 'registration' page, complete your details and submit. For your records please print off a copy of the summary page prior to clicking the 'submit' button. Visa and MasterCard are accepted.

OR

- 2** MANUAL REGISTRATION
Print the registration form and forward to the address below. Please refer to section J for payment details.

SHPA 2009 Conference Organisers
WALDRONSMITH Management
61 Danks Street West
Port Melbourne, VIC 3207
AUSTRALIA
T +61 3 9645 6311
F +61 3 9645 6322
E vicki@wsm.com.au

Privacy

I do not agree to my name, organisation and state being included in the participant list distributed to delegates and sponsors at the Conference.

SECTION B: SPONSOR REGISTRATION FEES

Registration type	Cost	Payment
Sponsor Registration – Complimentary	–	
Sponsor Registration – Additional staff member	\$370	AUD \$
Total Payment: Section B		AUD \$

SECTION C: CONCURRENT SESSION INDICATOR

To assist with room allocations, please indicate your first preference.

Friday 6 November	1330 – 1500	<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> C3	<input type="checkbox"/> C4	<input type="checkbox"/> C5/Tech	<input type="checkbox"/> Not attending
Saturday 7 November	0900 – 1030	<input type="checkbox"/> C6	<input type="checkbox"/> C7	<input type="checkbox"/> C8	<input type="checkbox"/> C9/Tech	<input type="checkbox"/> Not attending	

SECTION D: ADDITIONAL MEETINGS / SEMINARS

Please tick which session you wish to attend.	Earlybird Before 4 Sept	Standard After 4 Sept	Payment
THURSDAY 5 NOVEMBER			
<input type="checkbox"/> Emergency Medicine COSP			
SHPA Member	\$110	\$140	AUD \$
Non-member	\$160	\$190	AUD \$
<input type="checkbox"/> Research and Development Grants Advisory Committee			
SHPA Member	\$90	\$120	AUD \$
Non-member	\$140	\$170	AUD \$
<input type="checkbox"/> Infectious Diseases COSP <input type="checkbox"/> Paediatric COSP <input type="checkbox"/> Cancer Services COSP			
SHPA Member	\$60	\$90	AUD \$
Non-member	\$110	\$140	AUD \$
SATURDAY 7 NOVEMBER BREAKFASTS			
<input type="checkbox"/> Investigational Drugs COSP <input type="checkbox"/> Rural Network			
Conference Delegate (Included in all registration types except Friday Day Registrations)	–	–	
Non-Conference Delegate	–	\$60	AUD \$
Total Payment: Section D			AUD \$

SUNDAY 8 NOVEMBER

Please tick box if you plan to attend. Participation open only to those who hold positions on SHPA Branch Committees, Committees of Speciality Practice, Reference Groups or other official SHPA working groups/committees.

SHPA Medicines Management 2009 Leadership Session

Numbers are limited and registrants will be advised if the program is fully booked.

