TAX INVOICE/ RECEIPT

EPIDERM AUSTRALIAN DERMATOLOGY UPDATE SYMPOSIUM
Four Points by Sheraton
Darling Harbour, Sydney
Saturday 26th July 2008
Registration Form

FAX

Fax this form back to THE CONFERENCE BUSINESS +61 2 9415 6745

MAIL

Return this form with payment to:
EPIDERM Symposium
PO BOX 541
Lindfield NSW 2070
Ph: +61 2 9415 6715
Email:
info@theconferencebusiness.com.au

Symposia Registration Form/Tax Invoice Receipt ABN 42 103 646 797

This form becomes a tax invoice upon payment. Please retain a copy for your records.
INSTRUCTIONS: Please complete all pages of this form. Once we have received your payment and completed registration form, we will email or fax you a confirmation. Registrations will not be confirmed until full payment has been received.

Delegate Information (please print clearly)

Surname: Title: (Prof/Dr/Mr/Mrs/Ms)

First Name

Organisation/Company:

Address:

City: State: Postcode:

Telephone: ( ) Facsimile: ( )

Email:

Accommodation

Four Points by Sheraton 161 Sussex St Sydney		**Room Type**	**Room Rate**	**Deposit**
		☐ City Side Room	$260.00	
Arrival Date:		☐ Harbour View Room	$290.00	
Departure Date:		Room reservations must be accompanied by a deposit equivalent to one night's accommodation. In the case of bookings made with credit card, your details will be passed on to the hotel to guarantee the booking. Breakfast is included in the room rate for one person. $33pp additional b/f charge		
Smoking ☐				

Registration Fees (inclusive of GST)

Registration Type	**Early Bird Prior to 27/06/08**	**On or after 27/06/08**	**Payment**
Dermatologist/Physician	$270.00	$315.00	$
Corporate Rate – Pharmaceutical Representation	$270.00	$315.00	$
Trainees in Dermatology	$192.50	$214.50	$
Dermatology Nurses	$160.00	$181.50	$
		Registration	**$**

Methods of Payment

Cheques
Please make all cheques payable to EPIDERM **Symposium**.

If paying by cheque please provide credit card details as security for accommodation.

CANCELLLATION & REFUNDS
Cancellations received in writing prior to 18th July will be accepted less a $50 administration fee. Cancellation of accommodation will be accepted after this date but may incur one night's tariff. All changes and cancellations must be notified in writing to The Conference Business.

Credit Card: ☐ MasterCard ☐ Visa ☐ American Express ☐ Diners Club

Card Number

Card Expiry Date: _____ /_____ (must be provided to process payment)

Cardholder's Name (please print):

Cardholder's Signature: