



# REGISTRATION FORM

TAX INVOICE/RECEIPT ABN: 55 055 668 963

**IMPORTANT:** Before you complete this form, please read and understand our Privacy Policy and how our collection of personal information may affect you: [www.gptec2018.com.au/information/privacy-policy](http://www.gptec2018.com.au/information/privacy-policy)

Please return this completed form to the Conference Organiser via email at [registration@gptec2018.com.au](mailto:registration@gptec2018.com.au) or fax to +61 2 9368 1500. Alternatively, you can register online at [www.gptec2018.com.au](http://www.gptec2018.com.au).

## PERSONAL DETAILS

Title:	First Name:	Surname:
Organisation:	Position:	
Address:	City / Suburb:	
State:	Postcode:	Country:
Contact Number:	Email Address:	

## DIETARY AND SPECIAL REQUIREMENTS

Please inform us of any dietary requirements (e.g. vegetarian, halal, gluten free), or special requirements (e.g. wheel chair access, vision impaired, hearing loop), you may have.

Dietary Requirements \_\_\_\_\_

Special Requirements \_\_\_\_\_

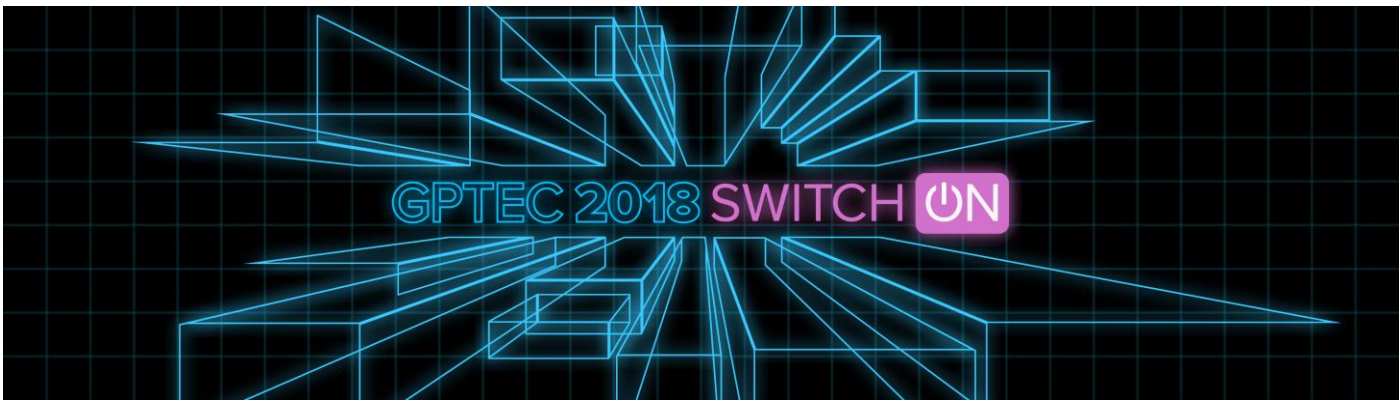
## DELEGATE LIST CONSENT

Your name, organisation and state/country will be incorporated into a delegate list and may be made available to parties directly related to the conference, including partners and exhibitors.

Please **do not** include my details in the delegate list

## HOW DID YOU HEAR ABOUT GPTEC 2018?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Industry Colleagues                 | <input type="checkbox"/> Industry Publications<br><i>(please specify)</i> | <input type="checkbox"/> Internet search engine        |
| <input type="checkbox"/> Newsletters <i>(please specify)</i> | <input type="checkbox"/> Previous attendee                                | <input type="checkbox"/> Previous partner or exhibitor |
| <input type="checkbox"/> Related conferences or events       | <input type="checkbox"/> Other <i>(please specify)</i><br>_____           |  |



## CONFERENCE REGISTRATION

Conference registrations are available until **Tuesday, 28 August 2018**. After this date, a \$50.00 late fee will be applied to all unpaid and new registrations.

## FULL CONFERENCE REGISTRATION

- |   |          |
|---|----------|
| <input type="checkbox"/> Full Delegate Registration     | \$980.00 |
| <input type="checkbox"/> Full Presenter Registration    | \$900.00 |
| <input type="checkbox"/> Full GP Registrar Registration | \$800.00 |

## DAY REGISTRATION

- |   |          |
|---|----------|
| <input type="checkbox"/> Wednesday Registration | \$520.00 |
| <input type="checkbox"/> Thursday Registration  | \$520.00 |

## SOCIAL PROGRAM

Tickets to attend the Welcome Reception and Gala Dinner are included in full registrations, however they are not automatically allocated. Please indicate below should you wish to utilise your inclusive ticket.

Additional tickets can also be purchased for day registrants or accompanying guests.

## WELCOME RECEPTION

**Date:** Tuesday, 11 September 2018      **Time:** 5:30pm - 7:00pm

Yes, I wish to utilise my inclusive ticket

I would like to purchase the following number of additional tickets:      # \_\_\_\_\_ @ \$70.00 each

## GALA DINNER

**Date:** Wednesday, 12 September 2018      **Time:** 6:30pm – 11:30pm

Yes, I wish to utilise my inclusive ticket

I would like to purchase the following number of additional tickets:      # \_\_\_\_\_ @ \$130.00 each

Please specify the names for the additional tickets:

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_



### CREDIT CARD DETAILS FOR ACCOMMODATION BOOKING

Credit card details are required to secure your booking. These details will officially confirm your booking. Each guest is responsible for settling their own account upon check-out.

**Card Type:**    MasterCard             Visa             American Express

**Card Number:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

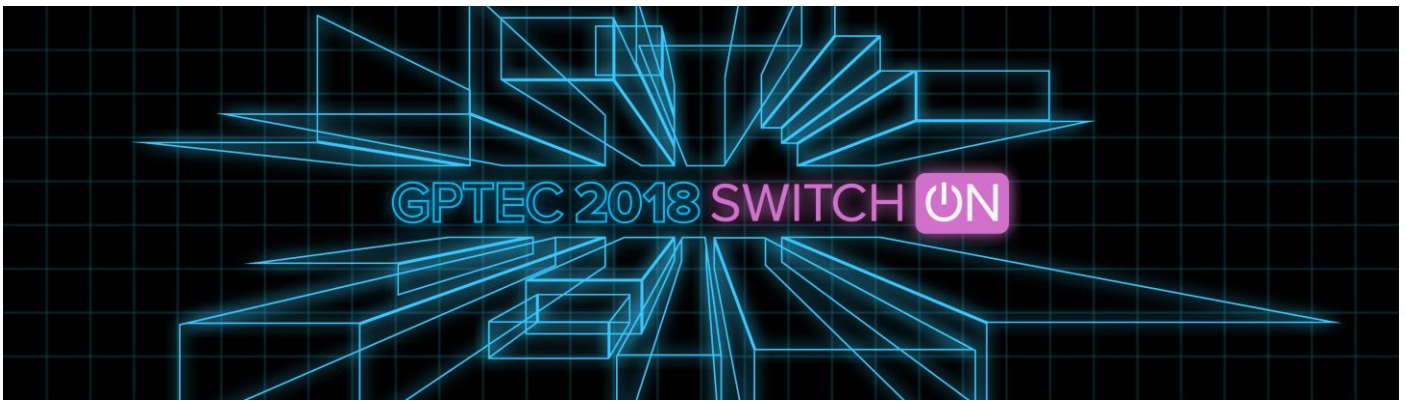
**Cardholder Name:** \_\_\_\_\_ **CVV Code:** \_\_\_\_\_

**Cardholder Signature:** \_\_\_\_\_

### REGISTRATION PAYMENT SUMMARY

Registration	\$
Social Function Tickets	\$
Manual Processing Fee	\$ 20.00
Late Registration Fee ( <i>after Tuesday, 28 August 2018</i> )	\$ 50.00
<b>TOTAL</b>	<b>\$</b>

**By submitting this form, I confirm I have read and understood the [Privacy Policy](#).**



## PAYMENT OPTIONS

### Cheque

Please send a cheque made payable to 'GPTEC 2018' with a completed registration form. Please mail to:

#### **GPTEC 2018 Conference Organiser**

*c/- International conferences & Events (ICE) Pty Ltd*  
183 Albion Street  
Surry Hills NSW 2010  
Australia

### Electronic Funds Transfer

Please include your invoice number as reference and provide a copy of the remittance to [registration@gptec2018.com.au](mailto:registration@gptec2018.com.au).

**Bank:** National Australia Bank

**Account Name:** GPTEC 2018

**BSB:** 082-128

**Account Number:** 91-748-8810

**SWIFT Code:** NATAAU3303M

### Credit Card

Please debit my credit card with the amount owing on this form as per the details below:

**Card Type:**  MasterCard  Visa  American Express

**Card Number:**

**Expiry Date:**

**Cardholder Name:**

**CVV Code:**

**Cardholder Signature:**

Debits to your credit card will appear on your statement as **International Conferences & Events (ICE) P/L**