# BreastScreen Australia Conference

28-30 October 2011

Hilton on the Park, Melbourne, VIC



	www.bsaconference.com.au				
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	EGISTRATION FORM				
	via the web at www.bsaconference.com.au				
<b>TAX INVOICE</b> BreastScreen Victoria: ABN: 54 505 206 361	Date:				
This form enables you to:  ✓ register to attend the BreastScreen Australia Conference;  ✓ indicate attendance and book guests for Conference Social Events; and  ✓ book accommodation for during the Conference.	Important Notes  ✓ All prices quoted are in Australian Dollars (AUD) and inclusive of Goods and Services Tax (GST).  ✓ By completing this registration form you have read, understood and agree to the cancellation policies and the privacy statement as stated on this form.				
<b>To complete this form:</b> Please move between fields by using the tab key, or if you prefer, print the form and complete it using block letters. Please keep a photocopy for your record. One form per person.	Please complete and return this form along with payment to: BreastScreen Australia Conference Think Business Events Suite 6, 19-23 Hoddle Street, Richmond VIC 3121 Phone: +61 3 9417 1350 Fax: +61 3 8610 2170 Email: bsa@thinkbusinessevents.com.au				
REGISTRATION DETAILS					
Contact Details					
☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Prof.	Other (please specify)				
Last Name First Na	ıme				
Organisation					
Position					
Address					
Suburb/Town					
	Post cells				

Organisation								
Position								
Address								
Suburb/Town								
State			Co	ountry			Postcode	e
Work Phone	( )	1	Wo	ork Fax	(	)	Mobile	
Email								
Name Badge								
Please indicate corre	ect details fo	or your name badge at the	he conference, i	if different fr	om the a	bove:		
Last Name			Fir	rst Name				
Organisation								
Role at Conference								
Please indicate what your role at the conference will be. Please select only one:								
☐ Committee Memb	ember							
Special Request at Conference								
Please list any specia	l requiremer	nts you may have for the	e duration of the	conference				
☐ Wheelchair Acces	SS	☐ Vision impaired	☐ Other please specify					
			ı					
How did you find out	about the co	nference?						
Colleague told m	ne	Direct email notification Journal advertisement						
Received information	ation in the m	ail Website se	earch		Workpla	ace notice boa	rd	

## Early Bird Rate Standard Rate Registration Type (Up to 31 August 2011) (After 31 August 2011) **Full Registration** \$650.00 \$760.00 Registered medical practitioner \$400.00 \$510.00 Health Professionals / Consumers **TOTAL** \$ \$ **SOCIAL FUNCTIONS** The following social functions are included for all full registration delegates. Welcome Reception Hilton on the Park, 28 October 2011, 5.30pm -7.30pm Tickets for Full Registration Delegates If you are attending the conference as a delegate, you do not need to purchase a ticket for yourself. However, please indicate if you will be attending for catering purposes. ☐ Yes ☐ No ☐ Maybe (I will confirm by no later than 14 October 2011) Tickets for Day Registration Delegates / Guests If you would like to purchase additional tickets for a guest, please indicate the number of tickets required. tickets at AUD \$50 (incl. GST) = \$ I would like to purchase **Conference Dinner** Hilton on the Park, 29 October 2011, 7pm-10pm **Tickets for Full Registration Delegates** If you are attending the conference as a delegate, you do not need to purchase a ticket for yourself. However, please indicate if you will be attending for catering purposes. ☐ Yes ☐ No Maybe (I will confirm by no later than 14 October 2011) **Tickets for Day Registration Delegates / Guests** If you would like to purchase additional tickets for a guest, please indicate the number of tickets required. I would like to purchase tickets at AUD \$120 (incl. GST) = \$ Breast Tomosynthesis Hand-on Workshop presented by Hologic The following workshop is included for all full registration delegates. Friday 28th October 2011 Either 9am - 12.30pm or 1.30pm - 5.00pm Limited to 20 people, then waitlisted If you are attending the conference as a delegate, please indicate if you will be attending for catering purposes. ☐ Yes ☐ No 9am -12.30pm ☐ Yes ☐ No 1.30pm - 5.00pm Breast Tomosynthesis Information Breakfast presented by Hologic The following breakfast session is included for all full registration delegates. Saturday 29th October 2011 Continental breakfast included 7am - 8.30am Limited to 50 people If you are attending the conference as a delegate, please indicate if you will be attending for catering purposes. ☐ Yes ☐ No **DIETARY REQUIREMENTS** For catering purposes at the conference and/or social events booked, please indicate if you or your guest(s) have special dietary requirements. ☐ Vegetarian □ Vegan ☐ Gluten Free ☐ Halal I have an allergy to **Guest (Cocktail Function and/or Dinner)** Name of Guest ☐ Vegetarian ☐ Gluten Free ☐ Halal ☐ Kosher Orthodox Vegan

Registration fee is per person and includes attendance to conference, morning tea, lunch, afternoon tea, delegate satchel and conference materials.

**CONFERENCE REGISTRATION** 

Has an allergy to

# **ACCOMMODATION – Hotel Options**

Signature

The Conference Office has secured competitive rates for delegates at selected hotels and apartments in Melbourne, to suit a range of budgets and preferences. Accommodation facilities are easily accessible to the conference venue, and provide a comfortable and enjoyable stay for delegates.

Rooms can be booked through the Conference Office up until Wednesday 28 September 2011. After this date bookings are subject to availability. To secure a hotel accommodation booking, a deposit of one night's tariff is required, which must accompany the registration form. Please mark your preference numerically in sequential order – up to three preferences.

Hilton on the Park 5* 192 Wellington Parade Melbo  Quest Jolimont Serviced A 153-155 Wellington Pde, 10 minutes by foot  Quest East Melbourne 4* 48 Wellington Pde 5 minutes by foot			Guest Room (One King Bed) Twin Room (2 Queen Bed) One Bedroom (1 x Queen Bed) One Bedroom (Pa (1 x Queen Bed) Two Bedroom (1 x Queen Bed)	arkview)	AUD \$255.00  AUD \$255.00  AUD \$150.00  AUD \$165.00	SOLD OUT	
Quest Jolimont Serviced A 153-155 Wellington Pde, 10 minutes by foot Quest East Melbourne 4* 48 Wellington Pde			(2 Queen Bed) One Bedroom (1 x Queen Bed) One Bedroom (Pa (1 x Queen Bed) Two Bedroom	arkview)	AUD \$150.00		
153-155 Wellington Pde, 10 minutes by foot  Quest East Melbourne 4* 48 Wellington Pde	partments 4*		(1 x Queen Bed) One Bedroom (Pa (1 x Queen Bed) Two Bedroom	arkview)	•		
153-155 Wellington Pde, 10 minutes by foot  Quest East Melbourne 4* 48 Wellington Pde	partments 4*		(1 x Queen Bed) Two Bedroom	arkview)	AUD \$165.00	COLDOUT	
Quest East Melbourne 4* 48 Wellington Pde					·	SOLD OUT	
48 Wellington Pde			Two Bedroom (1 x Queen Bed & Two Single beds)		AUD \$250.00	SOLD OUT	
					AUD \$165.00		
			Studio Twin (2 x Queen Beds)		AUD \$250.00		
Mantra on Jolimont 4* 133 Jolimont Rd 10 minutes by foot		Studio (1 x queen bed or twin bedding)		AUD \$158.00			
		One Bedroom Apartment (1 x queen bed or twin bedding)		AUD \$198.00			
		Two Bedroom Apartment (two queen beds or two twin beds or a mixture of both)		AUD \$308.00			
			TOTAL (one nig	ghts deposit)	AUD		
Booking Details							
No. of occupants per room		If greater occupancy per room is required than that			nat indicated by bed sizes, extra fe	es may apply.	
Arrival Date	Oct 2011	Arrival Time	AM / PM Ex		Extra charges may be applied for check in before 3pm.		
Departure Date	Oct 2011	Departure Time	AM / F	PM C	Check out approximately 10:00am		
Special accommodation re-	quirements						
I would like to share the roo	om with						

PAYMENT					
All payments must be made in Australian Dollars only and must include the GST component. Charges paid by credit card will appear as "Think Business Events Pty Ltd" on your credit card statement.  Please transfer all sub totals from the sections above and check your calculations carefully.					
Payment Summary					
Conference Registration	\$				
Welcome Reception	\$				
Conference Dinner		\$			
Accommodation		\$			
	TOTA	L \$			
Method of Payment					
All amounts in this brochure are	in Australian dollars (AUD\$) and include 10% Goods and Services Tax (GST	).			
☐ Cheque	Cheques / bank transfers payable in AUD\$ to "Think Business Events RTF BSA"				
☐ Bank Draft	National Australia Bank - BSB: 082-052 Account: 17-940-9817  When sending a bank transfer, please send a remittance advice to the conference office via email to bsa@thinkbusinessevents.com.au or by fax to 03 8610 2170				
Credit Card:	☐ Visa ☐ MasterCard ☐ Diners☐ American Express.				
Card Holder Name					
Card Number	1 1 1	Expiry Date /			

# **TERMS & CONDITIONS**

#### REGISTRATION CONDITIONS

Cancellation Statement: Cancellations received in writing at the Conference Office by 28 September 2011 will be accepted and all fees refunded less an administrative fee of AUD \$100. Cancellations received after this date cannot be accepted and will not be refunded. Changes to registration from a full registration to a day registration will also incur an administrative fee of AUD \$25.

Transfer of registration: Transfer of your registration to another person is acceptable. The full name and details of the person that will replace you must be advised in writing to the Conference Office prior to the Conference.

Non-attendance: No refunds will be made for non-attendance at the Conference.

#### **NOTES**

To qualify for early bird registration, registration fees must be received by 31 August 2011. Registration fees are based on date of payment 1. receipt, not the date of receipt of registration form.

#### SOCIAL EVENTS CONDITIONS

Cancellation Statement: Cancellations received in writing at the Conference Office by 14 October 2011 will be accepted and all costs refunded. Cancellations received after this date cannot be accepted and will not be refunded.

#### **ACCOMMODATION CONDITIONS**

Booking: To secure a hotel accommodation booking, a deposit of one night's tariff is required, which must accompany the registration form. Upon check out of the hotel, delegates must settle the balance of their account.

Payment: Deposits will be forwarded by the Conference Office to the hotel we have booked on your behalf. The rates per room per night are inclusive of Goods and Services Tax (GST), which is charged by the hotel on checkout. The credit card details will also be used to pay for all room nights if the delegate cancels within 15 days or is a no-show.

#### Refund/Cancellation:

- Cancellation before 28 September 2011 The deposit for the first night is refunded, less a \$25 cancellation fee.
- Cancellation on or after 28 September The deposit for the first night is non refundable.
- Cancellation 15 0 days prior to arrival date: All rooms cancelled 15-1 days prior to arrival will incur 100% cancellation fee. That is, all nights for all rooms booked will be charged at the full accommodation rate for the duration of the booking.
- No shows: No shows will be charged at the full accommodation rate for the duration of the booking.

Change of booking: Prior to 28 September 2011, changes to bookings must be forwarded in writing to the Conference Office.

### PRIVACY STATEMENT

BreastScreen Australia (the conference) is bound by and committed to supporting the National Privacy Principles (NPPs) set out in the Privacy Amendment (Private Sector) Act 2000.

#### **USE OF PERSONAL INFORMATION**

The Conference will collect and store information you provide in this Registration Form for the purposes of enabling us to:

- register your attendance at the Conference;
- assist with administrative and planning purposes;
- plan and develop Conference and other events in the future:
- facilitate your requirements in relation to the Conference; and
- allow the compilation and analysis of statistics relevant to the Conference.

The information that you provide in the Registration Form and information provided at any other time during the Conference, including without limitation any feedback obtained during the Conference, will be used by the Conference to offer, provide and continue to improve its conferences and other services.

## CONFERENCE DELEGATE LIST

The Comerence will produce a Delegate List of all delegates for supply to all registered attendees and exhibitors at the Conference. The Delegates List will
contain delegate's name, affiliation and location (state or country) only. Registrants may withhold consent for inclusion of their details in this publication by
ticking the box below.
Yes, I would like my details included in the Delegate List
No, I do not want my details included in the Delegate List
DISCLOSURE OF PERSONAL INFORMATION TO THIRD PARTIES
The Conference may disclose some of the information that is collected in the Registration Form such as your name, organisation and its location and your
email address to Conference sponsors and exhibitors for marketing purposes.
The Conference will not otherwise, without your consent, use or disclose your personal information for any purpose unless it would reasonably be expected
that such purpose is related to the offer, provision and improvement of the Conference or where such purpose is permitted or required by law. Registrants may
withhold consent for disclosure of their contact details to sponsors or exhibitors by ticking the box below.
No, I do not want my contact details distributed to sponsors or exhibitors
I have read and understood the terms & conditions. Signature: