

## REGISTRATION FORM



Register online [www.imcwa2007.com.au](http://www.imcwa2007.com.au)

Please print clearly and return completed form with payment to Conference secretariat:

EECW Pty Ltd  
PO Box 749, Wembley WA 6913

Or fax to 08 9389 1499 (Int fax +61 8 9389 1499)

FOR OFFICE USE ONLY  
Ref No: \_\_\_\_\_  
Date received: \_\_\_\_\_  
C/C approval: \_\_\_\_\_  
Completed by: \_\_\_\_\_  
Date: \_\_\_\_\_

### PRIVACY STATEMENT

In registering for this event, relevant details may be incorporated into a delegate list for the benefit of all delegates, sponsors, WorkCover WA, EECW Pty Ltd and other parties directly related to the Conference. If you do not wish to have your name and contact details provided to the above mentioned parties or for future promotion, please tick this box

**THIS REGISTRATION FORM IS A TAX INVOICE ABN 13259027099.  
PLEASE PRINT CLEARLY AND KEEP A COPY FOR YOUR RECORDS.**

### A. DELEGATE INFORMATION

Surname: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Title (Prof/Dr/Mr/Mrs/Ms/Miss/Other): \_\_\_\_\_  
Organisation: \_\_\_\_\_  
Position: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ State: \_\_\_\_\_  
Country: \_\_\_\_\_ Post Code: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Mobile: \_\_\_\_\_ Email: \_\_\_\_\_  
Name as you wish it to appear on your name badge: \_\_\_\_\_  
Special Requirements (dietary or otherwise): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### B. REGISTRATION FEES

REGISTRATION TYPE	EARLY BIRD (INC GST) (Until 31/08/07)	STANDARD (INC GST) (01/09/07 onwards)
Full Registration	<input type="checkbox"/> \$ 495	<input type="checkbox"/> \$ 550
Day Registration - Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/>	<input type="checkbox"/> \$ 290	<input type="checkbox"/> \$ 290
<b>Subtotal Section B</b>	<b>\$ _____</b>	<b>\$ _____</b>

### C. NETWORKING FUNCTIONS

For catering purposes, delegates are required to indicate their attendance at the included networking functions. Additional tickets are also available for purchase.

DATE	FUNCTION	TYPE	COST PER PERSON (INC GST)	ATTENDANCE	NO. OF TICKETS	TOTAL COST
Tuesday 16 October	Industry Networking Wine & Cheese	Full Registration Additional Tickets	Nil Nil \$35.00	<input type="checkbox"/> YES <input type="checkbox"/> NO	1 1 Nil	Nil Nil \$ _____
Wednesday 17 October	Industry Networking Wine & Cheese	Full Registration Additional Tickets	Nil Nil \$35.00	<input type="checkbox"/> YES <input type="checkbox"/> NO	1 1 Nil	Nil Nil \$ _____
<b>Subtotal Section C</b>						<b>\$ _____</b>



**D. INDUSTRY LUNCHEONS**

DATE	FUNCTION	TYPE	COST PER PERSON (INC GST)	NO. OF TICKETS	TOTAL COST
Tuesday 16 October	A Legal Lunch with Keynote Speakers	Additional Tickets	\$80.00		\$
Wednesday 17 October	A Medical Lunch with Keynote Speaker	Additional Tickets	\$80.00		\$

**Subtotal Section D \$** \_\_\_\_\_

Full and Day Delegates (on nominated day only) will be automatically registered for the Industry Luncheons.

**E. ACCOMMODATION**

A deposit of one night's payment or a credit card number is required with registration to secure your booking. Please note your credit card details will be forwarded onto the hotel to secure the booking only and no monies will be deducted by the Conference Secretariat. The hotel at it's discretion may choose to debit your credit card for one night's accommodation. Price quoted is per room per night.

Arrival: \_\_\_/\_\_\_/2007 Departure: \_\_\_/\_\_\_/2007

HOTEL	ROOM TYPE	CONFIGURATION	COST (PER NIGHT)
Holiday Inn Burswood	Urban Queen Room	<input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Double	\$220.00

**Subtotal Section E \$** \_\_\_\_\_

If sharing or accompanied by another person in a twin / double room please advise name:

Please use my credit card to secure my accommodation booking as outlined in the Payment Details Section

**F. PAYMENT**

Sub total Section B\$ \_\_\_\_\_  
 Sub total Section C\$ \_\_\_\_\_  
 Sub total Section D\$ \_\_\_\_\_  
 Sub total Section E\$ \_\_\_\_\_  
 (Section E not applicable if providing credit card details)

**Total Payable \$** \_\_\_\_\_

**I would like to pay by cheque:**

Please make cheques payable to "WorkCover WA"

All cheques should be made payable in Australian Dollars (AUD) to the full amount required. The amount on the cheque should reflect the total payable section above. Please forward cheques to EECW Pty Ltd, PO Box 749, Wembley WA 6913

**I would like to pay by credit card:**

Please fill in the debit/credit card details below in full. The amount to authorise should equal the total noted in the total payable section above.

MasterCard  Visa

Amount to authorise: AUD \$ \_\_\_\_\_

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

Card Holder's Name: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

**CANCELLATION POLICY**

I understand and accept the Conditions of the Cancellation Policy (refer to page 11 of the Registration Brochure).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_