



The Second International Congress of the Australasian Hernia Society

8-10 April 2011

Palazzo Versace Hotel

Gold Coast, Queensland, Australia

www.australasianherniasociety.com

REGISTRATION FORM

Delegate Information (Please type or print clearly)

Please tick Prof Dr Mr Mrs Ms

Family Name _____

Given Name _____

Designation _____

Organisation _____

Address _____

State _____ Post Code _____

Country _____

Telephone () _____ Facsimile () _____

Email _____

Special Requirements _____

(Eg: Dietary requirements, allergies, etc.)

Registration Fees (Please tick <input checked="" type="checkbox"/> appropriate box for fees to apply)	Before 30 November	After 30 November
Full Registration	<input type="checkbox"/> AUD \$695.00	<input type="checkbox"/> AUD \$795.00
Residents* (Non-members of the AHS)	<input type="checkbox"/> AUD \$395.00	<input type="checkbox"/> AUD \$495.00
Congress Dinner (Saturday, 9 April 2011)	<input type="checkbox"/> AUD \$145.00	<input type="checkbox"/> AUD \$145.00
Total Amount AUD		

* Residents are requested to provide proof of residency from their institution. Without this document, full fees will apply.

Cancellation Policy

All cancellations must be made in writing to the Congress Manager. Cancellations received on or before 30 November 2010 will be refunded in full less an administration charge of AUD \$100.00. A cancellation fee of 50% of the total cost applies for cancellations made after 30 November 2010. There will be no refunds for cancellations made after 1 March 2011.

Payment Details

Credit Card I authorize the Congress Manager to charge the total of AUD \$ _____ to my credit card.

Visa Mastercard

Card Holder Name _____

Card Number - - -

Expiry Date / (mm/yyyy)

Card Holder's Signature

Date

Please fax to 02 9221 0981