

S T E R I L I S A T I O N 2 0 0 6



reachingout

**2006 FSRACA
NATIONAL CONFERENCE**

October 5-7

**Delegate Registration
Form & Tax Invoice**

Carlton Crest Hotel

65 Queens Rd

Melbourne, Victoria



STERILIZING RESEARCH ADVISORY COUNCIL
OF AUSTRALIA (VIC) INC

Please complete each section of this form, photocopy for your records & send ORIGINAL with cheque/credit payment details to conference organisers:

Closing Date for Registrations – Friday 15th September

personal details

Mr Mrs Ms Miss

Surname.....First Name.....

Hospital.....Position Held.....

Postal Address.....

Town/City.....State.....Post Code.....

Telephone BH.....Mobile.....

Email.....

Preferred Name for Name Tag (if different from above)

.....

Current Financial Member Yes No

If you are a member, please quote your state tax invoice receipt no.

.....

membership

If you are not a current SRACA financial member or need to renew your SRACA membership please contact your local state SRACA representative. There are many advantages and networking opportunities to being a member of your state SRACA – contact your local representative today.

accommodation

If accommodation is required, delegates are requested to please contact Carlton Crest Hotel directly on 1800 633 888. Accommodation is subject to availability. No block booking has been arranged with the hotel, therefore delegates wishing to confirm accommodation are requested to contact the Carlton Crest before 11th September to confirm accommodation booking. Special rates have been negotiated: Standard Room \$119; Superior Room \$158; Superior Lake View \$173. When booking your accommodation, please quote “Sterilising Research Conference”. Thank you.

payment options

By Cheque If paying by cheque, please make cheques payable to SRACA Vic. Inc. and mail to Sarah Carnovale, C/o Oliver Harkness Promotions, Level 11, 380 St Kilda Rd, Melbourne, Vic. 3004

By Credit Card Please debit card account: Bankcard Mastercard Visa

Name on Card.....

Card Number...../...../...../.....

Expiry Date on Card...../...../.....Total Amount \$.....

Signature.....

DELEGATES REGISTRATION BOOKING FORM – all prices quoted are inclusive of GST

MEMBER Registration	Cost	Your Cost
Member Early Bird Full Conference Registration (before 15 August)		
<i>Will you be attending the Friday night dinner</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	\$295	
Member Full Conference Registration		
<i>Will you be attending the Friday night dinner</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	\$350	
Member Single Day Registration - Friday 6th October		
<i>Will you be attending the Friday night dinner</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	\$190	
Member Single Day Registration - Saturday 7th October	\$190	
NON MEMBER Registration		
Non- Member Early Bird Full Conference Registration (before 15 August)		
<i>Will you be attending the Friday night dinner</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	\$360	
Non-Member Full Conference Registration		
<i>Will you be attending the Friday night dinner</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	\$390	
Non-Member Single Day Registration - Friday 6th October		
<i>Will you be attending the Friday night dinner</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	\$230	
Non-Member Single Day Registration - Saturday 7th October	\$230	
Thursday Night		
1630-1845 Management Workshop		
1900-2100 Trade Opening Cocktails		
Network opportunities and chance to visit tradeshow		
<i>Will you be attending the Management Workshop</i> Yes <input type="checkbox"/> No <input type="checkbox"/>		
<i>Will you be attending the Trade Opening Cocktails</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	complimentary	
Friday Night Gala Dinner Partner Attendance		
Name.....	\$ 80	
Special Dietary Requirements (if YES, please specify).....		
SOCIAL EVENT SUNDAY - Helen's Hill Winery Day Trip		
inc. 2 course lunch, plus transport to and from the Yarra Valley - minimum number required is 35 (friends and partners welcome)	\$ 60	
	TOTAL COST	

Electronic Funds Transfer:

Account Name:
SRACA Vic Inc.

BSB: **063 001**

Account No: **1002 3363**

Please send remittance advice via email to davidfraser@optusnet.com.au