

INAUGURAL INTERNATIONAL ADVANCE CARE PLANNING CONFERENCE

"Advance Care Planning: Working Towards Success and Sustainability"



Respecting
Patient
Choices

Melbourne Convention Centre, Victoria, Australia
22 April – 24 April 2010

The preferred method of registration is via the Conference website www.internationalacp2010.com otherwise, please complete this form.

INVOICE REGISTRATION FORM

ABN: 28 000 386 676

IMPORTANT REGISTRATION INFORMATION:

- **Online registration is preferred.** Please visit our secure website www.internationalacp2010.com to register. Payment can be made by a major credit card or you can nominate to forward payment by cheque within 30 days of lodging your registration.
- **Accommodation bookings** can be secured at competitive rates. Visit the secure online form or register your details here.
- **Faxed** registration forms will only be processed and confirmed if credit card details are included on the form +61 2 9265 0880.
- Registrations forms sent by **post** must be accompanied with full payment in order for your registration to be processed and confirmed: **arinex** Pty Limited, GPO Box 128, SYDNEY NSW 2001 AUSTRALIA.
- **Cheque payments must be received within 30 days of registration otherwise your registration will be cancelled.**
- **Cheque payments** will only be accepted up until 19 March 2010. After this date, all registration and accommodation requests must be submitted with credit card details.
- Delegates should refer to the website for full terms and conditions.

By completing this registration form you affirm that you have read, understood and agree to cancellation policies, privacy statement and security requirements as stated on this form and the Conference website.

Please print in block letters and keep a photocopy for your records. Please use one form per person.

CONTACT DETAILS *Please print clearly*

Mr Ms Mrs Miss Dr Professor Other (please specify) _____

Surname _____ First Name _____

Organisation _____ Position _____

Address _____

Town/City _____ State _____

Country _____ Postcode _____

Business Phone _____ Email _____

Preferred Name on Badge _____

My primary role at the Conference will be:

Delegate Invited Speaker Abstract Speaker Sponsor Exhibitor Committee



A REGISTRATION

The **Full Registration fee** includes attendance at all Conference sessions, Conference program and satchel, daily catering as per the Conference programmed breaks, attendance at the Conference dinner and welcome reception.

The **Day Registration fee** includes attendance at Conference sessions on the registered day, Conference program and satchel, catering for the registered day as per the programmed breaks, attendance at the Welcome Reception (only if Thursday registration has been purchased).

To obtain the **Group Registration fee** the group must comprise of a minimum of 4 delegates from the same organisation and registrations must be purchased at the same time. Registrations can be processed online via the Conference website or via individually completed hardcopy registration forms that are all to be sent to the Conference Managers at the same time. *Please note that group registration fees and payments must be done altogether, separate invoices will not be produced and individual correspondence will not be entered into.*

Group Conference Registrants receive attendance at all Conference sessions, daily catering as per the Conference programmed breaks, attendance at the Conference dinner and welcome reception and a copy of the Conference program.

Please tick the appropriate registration category below.

Note that all prices quoted are in Australian dollars and are inclusive of Goods and Services Tax (GST).

Registration Category	Early Bird (Paid on or before 10 February 2010)	Standard (Paid on or after 11 February 2010)
Doctor/Lawyer	<input type="checkbox"/> A\$850	<input type="checkbox"/> A\$975
Other Health Professionals	<input type="checkbox"/> A\$775	<input type="checkbox"/> A\$875
Student/Trainee *	<input type="checkbox"/> A\$395	<input type="checkbox"/> A\$470
Thursday Day Registration	<input type="checkbox"/> A\$400	<input type="checkbox"/> A\$400
Friday Day Registration	<input type="checkbox"/> A\$400	<input type="checkbox"/> A\$400
Saturday Day Registration	<input type="checkbox"/> A\$400	<input type="checkbox"/> A\$400
Group Registration (min 4 participants, cost is per person)	<input type="checkbox"/> A\$725	<input type="checkbox"/> A\$825

* **Please note:** Delegates registering at the student rate are required to submit a letter from their supervisor confirming their full-time student status and include a copy of their current student card with the registration form when registering for the meeting. These can be sent via fax or email to the Conference Managers fax +61 2 9265 0880, email acp2010@arinex.com.au

A Registration Sub Total A\$ _____

B SOCIAL FUNCTIONS

WELCOME RECEPTION

Thursday 22 April 2010

Time: 5.00pm–6.00pm

Venue: Melbourne Convention and Exhibition Centre

The Welcome Reception is inclusive in all full Conference registration fees, student registration fees and in day registration for Thursday attendees only. If you would like to purchase additional tickets, please indicate the number of tickets required below. Additional tickets can be purchased for A\$40 each.

For catering purposes, please indicate by ticking the box if you will be attending.

Attending the Welcome Reception Yes No

Number or additional tickets required at A\$40 each _____ total A\$ _____

CONFERENCE DINNER

Friday 23 April 2010

Time: 7.00pm–12.00pm midnight

Venue: River Rooms, Melbourne Crown Casino

One Conference dinner ticket is included in full registration fees for delegates. If you would like to purchase additional tickets, please indicate the number of tickets required below. Additional tickets can be purchased for A\$135 each.

Please note that the dinner is not included in the student registration fee.

For catering purposes, please indicate by ticking the box if you will be attending.

Attending the Conference Dinner Yes No

Number or additional tickets required at A\$135 each _____ total A\$ _____

B Social Function Sub Total A\$ _____

Meal Planning—ACP 2010 Conference and Social Events If you have any special dietary requirements please specify. Every attempt will be made to meet your requirements; however this may not be possible in every case.

Delegate Dietary Requirements:

- | | |
|--|---|
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Kosher |
| <input type="checkbox"/> Vegan | <input type="checkbox"/> Lactose Intolerant |
| <input type="checkbox"/> Allergy to Nuts | <input type="checkbox"/> No Beef |
| <input type="checkbox"/> Gluten Free | <input type="checkbox"/> No Seafood |
| <input type="checkbox"/> Halal | Other _____ |

Guest Dietary Requirements (if applicable):

- | | |
|--|---|
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Kosher |
| <input type="checkbox"/> Vegan | <input type="checkbox"/> Lactose Intolerant |
| <input type="checkbox"/> Allergy to Nuts | <input type="checkbox"/> No Beef |
| <input type="checkbox"/> Gluten Free | <input type="checkbox"/> No Seafood |
| <input type="checkbox"/> Halal | Other _____ |

C ACCOMMODATION

Refer to the accommodation section on the Conference website for full details: www.internationalacp2010.com

- A minimum one night's deposit must be paid or credit card details given at time of booking to guarantee reservations;
- Deposit is non-refundable as at 19 March 2010.
- Bookings made on or after 19 March 2010 must be secured with credit card details.
- Cancellations must be notified in writing to the ACP Conference Managers.
- Any change to a reservation must be notified to the Conference Managers by 6 April 2010.
- Please note bedding configurations are subject to hotel availability.

Hotel

- Single (SGL):** A single occupancy room with one bed
Double (DBL): A double occupancy room with one bed
Twin (TWN): A double occupancy room with two beds

Apartment

- 2 Bedroom Apartment:** Either 1 double and 2 single beds
 OR 2 double beds

Please tick your selection below and fill in the required areas.

Star Rating	Walking time to the Conference Venue	Hotel	Room Type	Room Only rate per room per night	Room & Breakfast rate per room per night
5	Connected to the Conference Venue	Hilton Melbourne South Wharf	Hilton Guest Room SGL	<input type="checkbox"/> A\$235.00	<input type="checkbox"/> A\$250.00
			Hilton Guest Room DBL/TWN	<input type="checkbox"/> A\$235.00	<input type="checkbox"/> A\$265.00
4	15 minutes	Melbourne Short Stay Apartments Southbank	Two Bedroom Executive Apartment with two bathrooms	<input type="checkbox"/> A\$249.00	N/A
			Two Bedroom Standard Apartment with one Bathroom	<input type="checkbox"/> A\$229.00	N/A
4	10 minutes	Travelodge Hotel Southbank Melbourne	Standard Room SGL	<input type="checkbox"/> A\$135.00	<input type="checkbox"/> A\$149.50
			Standard Room DBL/TWN	<input type="checkbox"/> A\$135.00	<input type="checkbox"/> A\$164.00

Please note: All prices are quoted in Australian Dollars and include GST. Bedding configurations are subject to hotel availability.

Hotel and Deposit Requirements

Please indicate below whether you wish to pay for your entire stay. One night deposit is the minimum fee required:

- Yes**, I wish to pay for my entire stay now **No**, I only wish to pay the one night's deposit now

Hotel Room Requirements

- Single Twin Double

Apartment Requirements

- 1 double and 2 single beds 2 double beds

If your first preference of hotel, as indicated above, is not available, the ACP Conference Managers will secure your accommodation at another hotel. Please indicate your second preference:

Second preference _____

- I do not require the ACP Conference Managers to book accommodation for me. I have made my own arrangements. I will be staying at: _____ (name of hotel) or With friends or family

Important—Please complete this section

Arrival/Check-in Date _____ Estimated Time of Arrival _____

Departure/Check-out Date _____ Estimated Time of Departure _____

I wish to guarantee early check-in by pre-booking and paying for the previous night on ____ / ____ / ____

I will be sharing this room with _____

Special Requirements e.g. smoking/ non-smoking room (subject to availability)

C Accommodation Sub Total A\$ _____

Change of Accommodation Booking

Any change to a reservation must be notified to the Conference Managers and not directly to the hotel. Please note that any changes should be made to the Conference Managers by Tuesday 6 April 2010. Cancellations must be made in writing.

Refund/Cancellation

The deposit is non-refundable as at 19 March 2010 and will be forfeited if you do not arrive on the date for which you have booked. Cancellations must be made in writing to the Conference Managers.

Important Notes:

If you have booked direct with a hotel please advise the Conference Managers of the hotel name and dates booked to ensure you do not miss out on any information that might be dropped off at the hotels.

