



Palliative Care Nurses Australia (PCNA)
3RD Biennial Conference
 Brisbane Convention and Exhibition Centre
 27 & 28 August 2010

Please print clearly or type and keep a photocopy of this form for your records or register online at www.pcna2010.org.au
 The information submitted will be reproduced in the delegate list at the Conference and will be used for all mailings.
 Please ensure the information you complete is correct.

Please complete the form and mail immediately with your credit card details or cheque payable to:

PCNA 2010 Conference Managers
 GPO Box 128
 Sydney NSW 2001, Australia
 Telephone: (61) 7 3236 2301

Fax: (61) 2 9267 5443
 Email: pcna2010@arinex.com.au

A. DELEGATE

DELEGATE TITLE (please tick)	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> Other _____ (please indicate)	
PLEASE ADVISE PREFERRED NAME FOR YOUR NAME BADGE		
FAMILY NAME		
GIVEN NAME		
ORGANISATION / ASSOCIATION		
POSITION		
STREET ADDRESS		
CITY/SUBURB	□□□□□□□□□□□□	STATE
COUNTRY	POSTCODE / ZIP	
TELEPHONE		
MOBILE PHONE		
FAX		
EMAIL		

B. PCNA MEMBERSHIP

Non PCNA Members

For those who are not yet members of PCNA please note that we are offering a \$30.00 membership fee to all non-PCNA members who join the Association at the time of registering for the Conference. This fee is normally \$60.00. By ticking the \$30.00 box below you will automatically become a member of PCNA [for 12 months] with all of its associated privileges and benefits:

- Discount to conferences and events
- Quarterly newsletter
- Access to the members area on our website
- Participation in on-line forum
- Opportunity to join sub-committees
- Opportunity to contribute to the development of palliative care nursing in Australia
- Opportunity to network with other palliative care nurses.

Please include PCNA membership - \$30.00 [inc gst]

C. REGISTRATION FEES

NOTE: All fees include the 10% Goods and Services Tax (GST).

Category	Early Bird Before 28 June 2010	Standard After 28 June 2010
PCNA Member Full Registration	A\$400.00	A\$450.00
Non-Member Full Registration	A\$450.00	A\$480.00
Concession Early Bird	A\$300.00	A\$350.00
PCNA Member Day Registration	A\$260.00	A\$625.00
Non-Member Day Registration	A\$290.00	A\$290.00

Concession/Student:

I have included copy of my Concession/student identification card

Please note: Confirmation of your registration will be sent to you within 10 working days from receipt of your registration form. **To be entitled to the early registration fee, you must have registered and paid by 28 June 2010.**

B. Sub-Total Registration Fee: \$ _____.

D. SOCIAL PROGRAM

NOTE: All fees include the 10% Goods and Services Tax (GST).

The following event is **included** in the Full Registration Fee for Delegates. Day Registration Delegates not included. If you require **additional** tickets please complete this section:

Event	Venue	Cost per Ticket	Number of Additional Tickets Required
Conference Opening & Welcome Cocktail Reception	Brisbane Convention & Exhibition Centre	A\$75.00	

E. SPECIAL NEEDS / DIETARY REQUIREMENTS

If you have specific dietary requirements, please indicate below. We will endeavour to cater to your needs but this may not be possible in every case. * Please note that if you have selected Kosher or Halal, you will be provided with a vegetarian meal. Should you require alternative meal arrangements, please contact the Conference Managers.

Delegate Dietary Requirement: Gluten Free Vegetarian
 Halal* Vegan
 Kosher* Lactose Intolerant
 No Beef Allergy to Nuts
 No Seafood Other, please specify _____.

F. LETTER OF ATTENDANCE (Optional)

I require a letter of attendance. Please note this document is to be collected on the last day of the Conference.

Please arrange for a letter of attendance for me

G. PRIVACY

YES – I consent to receiving information from arinex pty limited or other organisations on related products or services from time to time.

NO – I do not consent

YES – Please include my details as given in this form (and any subsequent amendment) in the Delegate List produced for the Conference which will be supplied to organising bodies, sponsors, exhibitors and all delegates attending the Conference.

NO – Please do not include my details in the Delegate List.

H. PAYMENT AND CONDITIONS

Section B	Registration Fee	\$
Section C	PCNA Membership Fee	\$
Section D	Social Program	\$
Section H	Cheque Processing Fee	\$10.00

TOTAL FEES ENCLOSED: \$ _____.

NOTE: registrations will not be processed or confirmed until payment in full is received.

I have read and agree to all the conditions i.e. cancellation, refunds and entitlements, outlined on the Conference website.

Credit Card

Please charge the total amount above to the following credit card MasterCard Visa Card AMEX Diners
(Standard Credit Card Fee's Apply)

Please note all transactions by credit card will appear on your statement as payment to **Conference by ARX.**

Credit card number: □□□□ □□□□ □□□□ □□□□ Exp Date: □□/□□

Name on card: _____

Billing address: _____

Signature: _____ Date ____/____/____

Cheque

Please find enclosed cheque/money order payable to PCNA 2010 Conference. Your full name and invoice number should be printed clearly on the back of the cheque.

NOTE: Your registration will not be processed or confirmed if payment is not forwarded with this form.



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