



ORTHOPTIC ASSOCIATION OF AUSTRALIA NSW BRANCH

CONTINUING EDUCATION WEEKEND 2010 Registration Form

When: Saturday 20th and Sunday 21st March
Where: Camden Valley Inn
290 Remembrance Drive, Camden Park

FULL REGISTRATION includes conference fee/ morning and afternoon teas/ lunches for Saturday and Sunday/ dinner on Saturday/ breakfast on Sunday/ twin share accommodation on Saturday night.

<u>Category</u>	<u>Before 16/2/07</u>	<u>After 16/02/07</u>	<u>Total Due</u>
OAA (Member*) *Includes New graduates	\$295.00 (Twin)	\$315.00 (Twin)	\$_____
OAA (Non-member)	\$420.00 (Twin)	\$440.00 (Twin)	\$_____

Please write name of person twin sharing (other wise we will allocate you with another registrant) _____

DAY ONLY REGISTRATION includes conference fee/ morning & afternoon teas/ lunch on either the Sat or Sun. Dinner on Sat is not included.

<u>Category</u>	<u>Before 16/2/07</u>	<u>After 16/02/07</u>	<u>Total Due</u>
OAA (member) * includes New Graduates	\$110.00 (per day)	\$130.00 (per day)	\$_____
OAA (non-member)	\$165.00 (per day)	\$185.00 (per day)	\$_____

TOTAL: \$_____ Circle: **SAT/SUN**

Please note:

* For registration costs of single share, please contact me on 0417635400 or nhung.nguyen@marsdeneve.com

* Saturday dinner cost \$80 per person (includes 2 course meal, beverages) **Yes/No** add \$_____

* Friday night accommodation please contact Camden Valley Inn directly to book.

* The registration fees are calculated at cost price - OAA makes no profit from this event hence if there's cancellation between 0-20 days prior no refund given but if 20 days or more prior – ¼ refund given.

Name: _____

Practice/ Clinic Name: _____

Address: _____

Contact Telephone No's: _____

E-Mail: _____ Special Diet (Please Specify): _____

METHOD OF PAYMENT

<p>1. Cheque or money order payable to:</p> <p>Orthoptic Association of Australia NSW Branch</p>	<p>2. Credit Card: (additional \$4 charge apply)</p> <p>Card number: _____</p> <p>Expiry date: ____/____</p> <p>Name on card: _____</p> <p>Signature: _____</p>	<p>3. Direct deposit:</p> <p>Account Name: Orthoptic Association Australia NSW Branch BSB: 032 - 062 Account number: 701722 Transaction receipt:</p> <p>_____</p>
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Please select one of the three payment options above and return this completed forms to:
Miss Nhung Nguyen PO Box 408 Parramatta 2124 or **fax 02 98939518**