

The preferred method of registration is via the web at www.delphicentre.com.au otherwise please complete this form. Important: By completing this registration form you have read, understood and agree to both the cancellation and privacy statement.

TRANSFORMING TRAUMA

CRITICAL, CONTROVERSIAL
AND CORE ISSUES

Registration Form / Tax Invoice

ABN: 26 057 057 913

12-14 September 2003, Grand Hyatt, Melbourne, Australia
Pre- and post-conference workshops 11 and 15 September 2003

Section A: Delegate Details

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

Title (Please circle) Prof, Dr, Mr, Ms, Mrs, Miss First name Last name

Name preferred for badge

Organisation Occupation

Postal address

Town / City State / Province

Postcode / Zip Country

Telephone Facsimile

Mobile/cell Email

Special Dietary Requirements (dietary, disability, other)

Current Membership (please tick/check) The Cannan Institute ANZAP ISSD ISTSS AACA
Staff affiliation (please tick/check) Belmont Hospital, Qld GGZ Drenthe Wyeth Swinburne University of Technology
 Pfizer GlaxoSmithKline Jamillon Centre Psych. Dept. The University of Auckland
 Mayne Health Organon Princes Hill Primary School Cats-Polm Institute for Research

Section B: Registration Fees

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

Registration fees (in \$AUD)	Early Bird	Standard	Amount
3 Days: 12-14 September 2003	Payment before 11 July 2003	Payment from 12 July - 5 September	
Member/staff of listed sponsors	<input type="checkbox"/> \$560	<input type="checkbox"/> \$645	\$
Non-member of listed sponsors	<input type="checkbox"/> \$595	<input type="checkbox"/> \$680	\$
Group Booking: 6+ people from 1 organisation	<input type="checkbox"/> \$565	<input type="checkbox"/> \$650	\$
<i>Must use one registration form per person and mail all together with payment</i>			
1 or 2 day attendance - per day	<input type="checkbox"/> \$260	<input type="checkbox"/> \$295 <input type="checkbox"/> 12/9 <input type="checkbox"/> 13/9 <input type="checkbox"/> 14/9	\$
Fulltime student*	<input type="checkbox"/> \$380	<input type="checkbox"/> \$450	\$

*proof must accompany payment - Student Id.

NB: a limited number of places for workshops are available so book early

Pre-conference workshops 11 Sept 2003 Please select: Briere or Hunter

Attending all 3 days of conference	<input type="checkbox"/> \$190	<input type="checkbox"/> \$230	\$
Member/staff of listed sponsors	<input type="checkbox"/> \$190	<input type="checkbox"/> \$230	\$
Non-member	<input type="checkbox"/> \$225	<input type="checkbox"/> \$265	\$
Fulltime student*	<input type="checkbox"/> \$140	<input type="checkbox"/> \$165	\$

*proof must accompany payment - Student Id.

Post-conference workshops 15 Sept 2003 Please select: Nijenhuis or Ross

Attending all 3 days of conference	<input type="checkbox"/> \$190	<input type="checkbox"/> \$230	\$
Member/staff of listed sponsors	<input type="checkbox"/> \$190	<input type="checkbox"/> \$230	\$
Non-member	<input type="checkbox"/> \$225	<input type="checkbox"/> \$265	\$
Fulltime student*	<input type="checkbox"/> \$140	<input type="checkbox"/> \$165	\$

*proof must accompany payment - Student Id.

Onsite registration availability not guaranteed; additional fee \$50 \$

To help allocate appropriate space for you (please tick)

I plan to attend the concurrent presentations

Session	1	or	2	or	3	or	4	or	5	or	6
Friday	<input type="checkbox"/> Briere Continued Continued		<input type="checkbox"/> Antoce Unwin Fairfield		<input type="checkbox"/> Middleton Hargeaves/Adams McAllister 1		<input type="checkbox"/> Dorahy Pettigrew Ciorciari		<input type="checkbox"/> Cribb Hosking Mitra		<input type="checkbox"/> Ross Continued Gentle/Dever
	<input type="checkbox"/> Ross Continued		<input type="checkbox"/> Quinn Maher/Cope		<input type="checkbox"/> McAllister 2 Driscoll		<input type="checkbox"/> Nurcombe Meel		<input type="checkbox"/> Whitaker-Clinch Panel - 'DID Pride'		<input type="checkbox"/> Halpern Continued
Saturday	<input type="checkbox"/> Briggs Jenkins Henry Tschan Panel - Hurting Others		<input type="checkbox"/> Pettigrew Wallis/South Achimovich/Ferrari Dodds Graham		<input type="checkbox"/> Williamson Leonard/Brann Panel - Diagnosis Read Panel - Dilemma		<input type="checkbox"/> Collins McGregor Littler Hunter Continued		<input type="checkbox"/> Barton Croft Furby Hattori Dorahy		<input type="checkbox"/> Mullane Baikie Searle Downey Morton
Sunday	<input type="checkbox"/> Freckelton Hypothetical Medico-legal Continued		<input type="checkbox"/> Watts/Baker Panel - OSA Continued		<input type="checkbox"/> Gillin Satish/Strefert Panel - Research		<input type="checkbox"/> Moskowitz Clifton/Crewdson Haliburn		<input type="checkbox"/> Harrold Neale/Lamont Currie		<input type="checkbox"/> O'Leary Martinez Vicki J

Pay by 31st May and Win a Book Voucher valued at \$250!

Registration Form / Tax Invoice Continued

Section C: For organisational purposes please indicate:

- I require a certificate of attendance Yes No
I will be attending the complimentary Art Display Opening Yes No
I will be attending the complimentary (for 3 day reg) Welcome Reception Yes No and require ____extra tickets @ \$30.00 \$
I will be attending the complimentary yoga sessions Yes No
I will be attending the Conference Dinner Yes No I require ____number of tickets @ \$70.00 \$

Accommodation Bookings can only be accepted before 11 August 2003, 1 night deposit is required
The Conference Secretariat cannot accept accommodation bookings after 11 August 2003.

Note: After 11 August 2003 book direct with the Hotels

- Night of: (please tick) 10 September 11 September 12 September 13 September 14 September 15 September
Number of people: _____ Non-smoking Smoking
 Grand Hyatt - Hyatt Guest Room \$AUD200.00 per night single/twin/double (normally \$350) \$
 Grand Hyatt - Grand Club Room \$AUD270.00 per night for single/twin/double (normally \$420) \$
 Hotel Sofitel King/Twin Room \$230 Additional roll-away beds free for children under 12 or 12+ \$45 each \$
 Adelphi Premiere King/Twin \$235 Deluxe \$265 \$
 Rydges Queen \$161 King \$176 Queen Suite \$211 \$
 Mercure Hotel Double/Twin \$135 Room and breakfast \$146 \$
 Victoria Hotel Single \$82 Single without ensuite \$56 Double \$112 \$
 Twin without ensuite \$78 Triple without ensuite \$99 Triple \$142 \$
 Superior \$125

Please indicate your hotel preferences should there not be availability:

1st _____ 2nd _____ 3rd _____

Special requirements

I have arranged to share with _____

Total fees quoted in \$AUD inclusive of goods and services tax (GST) \$ _____

Section D: Your Payment Options

Option 1 Online registration at our secure site: www.delphicentre.com.au

Option 2 Credit Card

Mastercard, Visa or Bankcard are the only credit cards accepted. (Amex, Diners etc are not accepted.)

Please charge my selected credit card for the amount of \$AUD Mastercard Visa Bankcard

Credit card number _____

Print cardholder's name _____ Expiry date _____

Signature _____ Date _____

Option 3 Cheque or bank draft or money order (in Australian dollars) payable to: "The Delphi Centre"

If you choose Option 2 or 3
fax both sides of this registration
form with credit card details to:
Facsimile: +61 3 9417 0899

or send payment with
completed registration
form to:

Conference Office
The Meeting Planners
91 - 97 Islington Street
Collingwood 3066
Victoria Australia

Registration and Accommodation Enquiries

Telephone The Meeting Planners: +61 3 9417 0888 or email enquiries@meetingplanners.com.au (address all other enquiries to The Delphi Centre)

Important Please see "Discounts on offer" and "Cancellation Policy" in your brochure - No exceptions can be made under any circumstances

Program enquiries visit: www.delphicentre.com.au go to 'Conference 2003'

For conference program or speaker enquiries contact conference convenors Naomi Halpern or Susan Henry

Mail enquiries to: The Delphi Centre - Professional Development Training, PO Box 518, Carlton North 3054 Victoria Australia

Telephone: +61 3 9482 7668 Facsimile: +61 3 9482 7669 Email: info@delphicentre.com.au

To register send payment with completed registration form to:

Conference Office
The Meeting Planners
91 - 97 Islington Street
Collingwood 3066
Victoria Australia

Office use only:

Member of	Amount \$	Bank
Branch	Account name	Reference number