

## 2<sup>nd</sup> IFHRO SEAR CONFERENCE

13<sup>th</sup> October 2009

and

## HIMAA NATIONAL CONFERENCE 2009

14<sup>th</sup>– 16<sup>th</sup> October 2009

Sheraton Perth Hotel,

207 Adelaide Terrace Perth WA

# REGISTRATION FORM

**Receive Early Bird Discount if you register and pay by 8<sup>th</sup> August 09**

<b>Registration Information</b>	Organisation:			Position				
	Correspondence Address			Suburb	State /Country		Postcode	
	Title	Full Name		Preferred name for Badge				
	Email		Phone		Fax			
	HIMAA/CCSA/HISA (Please circle)		Member Number		Special Aide/Dietary Requirements			
Full/Affiliate/Concessional/Student/Life Organisational; or Non member (Please circle)								
<b>Conference Information</b>	<b>Your registration details (Please circle appropriate fees) - All fees are in AUD\$</b>							
		<b>Options</b>	<b>HIMAA/CCSA/HISA Member</b>		<b>HIMAA Student Member</b>		<b>Non-Member</b>	
			<b>Early Bird</b>	<b>Standard</b>	<b>Early Bird</b>	<b>Standard</b>	<b>Early Bird</b>	<b>Standard</b>
		<b>IFHRO &amp; HIMAA Conference</b>						
	<input type="checkbox"/>	IFHRO SEAR – full day <sup>1 &amp; 4</sup> (13/10/09)	\$180	\$200	\$80	\$100	\$220 \$120 (student)	\$240 \$140 (student)
	<input type="checkbox"/>	IFHRO SEAR & Full HIMAA Conference <sup>1 &amp; 3</sup> (13/10/09 – 16/10/09)	\$725	\$800	\$430	\$495	\$885 \$525 (student)	\$975 \$600 (student)
	<input type="checkbox"/>	HIMAA New Membership Package <sup>1, 2 &amp; 3</sup> (IFHRO & HIMAA Conference & 1 yr membership) (13/10/09 – 16/10/09)	-	-	-	-	\$825	\$925
		<b>HIMAA Conference</b>						
	<input type="checkbox"/>	Full HIMAA Conference <sup>1 &amp; 3</sup> (14/10/09 – 16/10/09)	\$595	\$695	\$400	\$450	\$795 \$475(student)	\$895 \$550 (student)
	<input type="checkbox"/>	HIMAA New Membership Package <sup>1, 2 &amp; 3</sup> (HIMAA Conference & 1 yr membership) (14/10/09 – 16/10/09)	-	-	-	-	\$750	\$825
	<input type="checkbox"/>	Conference Single Day Registration <sup>1 &amp; 4</sup> 14/10/09 or 15/10/09 (Please circle)	\$350	\$403	\$255	\$285	\$420	\$445
	<input type="checkbox"/>	Presenter – Full HIMAA Conference <sup>1 &amp; 3</sup> (14/10/09 – 16/10/09)	\$480	\$550	\$320	\$380	\$550	\$625
		<b>Social Events for Partners/Guest</b>						
<input type="checkbox"/>	Cocktail Party only (13/10/09) yes / no (Please circle)	\$60	\$70	\$50	\$60	\$75	\$80	
<input type="checkbox"/>	Conference Dinner only (14/10/09) yes / no (Please circle)	\$120	\$140	\$100	\$110	\$145	\$150	
	<b>Total</b>	\$	\$	\$	\$	\$	\$	

**Note:**

- Includes Morning Tea, Lunch & Afternoon Tea.
- HIMAA '09 registration including HIMAA new membership – By choosing this registration you can take advantage of the discounted HIMAA '09 registration rate and receive 1 year membership to HIMAA, subject to board approval. For further information regarding HIMAA membership, please go to [www.himaa.org.au](http://www.himaa.org.au)
- Includes Cocktail Party & Conference Dinner. Please advise your attendance for catering purposes.
- Does not include Cocktail Party or Conference Dinner.

**Do you plan to attend (if included in your registration):**

- Welcome Reception Cocktail Party (13/10/09)
- Conference Dinner (14/10/09)

yes / no

yes / no

**Bus transport will be provided from Sheraton Perth Hotel to Dinner Venue and return at no cost. Do you intend to use the bus service?**

yes / no

**Do you authorise HIMAA to provide your name and contact details to sponsors?**

yes / no

**PAYMENT OPTIONS: (ALL PAYMENTS IN AUD\$)**

<b>Payment is required prior to attending this conference in Australian dollars. Credit card payment or bank draft required for Overseas Delegates</b>				
<b>Payment Details</b>	<input type="checkbox"/> Cheque - payable to HIMAA Ltd (Australian Delegates only)		<input type="checkbox"/> Credit Card – Please charge my credit card for this registration Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX	
	<input type="checkbox"/> Bpay - (Needs invoice to be issued)		<b>A 2 % surcharge applies for credit card payments</b>	
	<input type="checkbox"/> Please Invoice me : Billing name: _____ Organisation: _____ Postal Address: _____ _____		Card Number _____      Expiry Date ____/____	
<b>Tax Invoice    ABN 54 008 451 910</b>		Full name as on card	Signature	Date / /2009

<b>Send to</b>	Fax  +61 2 9887 5895	Mail  HIMAA, Locked Bag 2045 North Ryde NSW 1670 Australia	Email  himaa@hima.org.au	Phone  +61 2 9887 5001
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<p><b>Cancellation Policy</b></p> <p>If you are unable to attend this event, you may send a substitute in your place at no additional cost. Please advise us of any substitution as soon as possible. Should you wish to cancel your registration, please notify us in writing. <b>Cancellations will be refunded at 50% of the total registration fee if submitted before 1 September 2009.</b> <b><u>Cancellations made after 1 September 2009 are not refundable.</u></b></p> <p><b>*** Promotion Discount for HIMAA members for each new member recruited from 1<sup>ST</sup> July 2008. Take \$20 off registration fee for each new member.</b></p>	<p><b>Privacy Statement</b></p> <p>HIMAA is committed to your privacy. All information collected on this registration will be held in the strictest of confidence and in accordance with the Privacy Act 1988. Your information will be held on a secure database. This will be used to contact you primarily for ongoing research, product development and notice of future events and services offered by Health Information Management Association of Australia.</p> <p>If you do not wish to receive such information please tick   <input type="checkbox"/>.</p>
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