

## Registration Form



10<sup>th</sup> APCA/ACLAPA Conference  
October 3 – 15, 2014

*“Delivering multi-disciplinary care for those with  
Craniofacial anomalies”*



Registration and lodging information: [ProgramsManager@acmff.org.au](mailto:ProgramsManager@acmff.org.au)

**Full Name:** \_\_\_\_\_ (First name for badge) \_\_\_\_\_

**Hospital/University:** \_\_\_\_\_

**Preferred Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State/Province:** \_\_\_\_\_ **Zip/Postal Code:** \_\_\_\_\_

**Country:** \_\_\_\_\_ **Telephone: (\_\_\_\_\_)** \_\_\_\_\_ **Fax: (\_\_\_\_\_)** \_\_\_\_\_

**Email:** \_\_\_\_\_

### CONFERENCE FEES

1. **Registration Fees** (All fees listed in Australian dollars.) Includes lunches and breaks.

PLEASE SELECT APPROPRIATE REGISTRATION FEE:	POSTMARKED & PAID	
	BEFORE/ON AUGUST 29, 2014	AFTER AUGUST 29 2014
APCA/ACLAPA Member	<input type="checkbox"/> \$500	<input type="checkbox"/> \$550
Non-member	<input type="checkbox"/> \$550	<input type="checkbox"/> \$580
Trainee	<input type="checkbox"/> \$275	<input type="checkbox"/> \$300
		\$ _____

2. **Conference Dinner (Saturday)** Indicate number of guests: \_\_\_\_ total number x **\$150.00** pp = \$ \_\_\_\_\_  
3 course gourmet menu + beverages sampling Australian fine wines  
The National Wine Centre hosts an extensive cellar and award winning function menu featuring the best produce, primarily sourced from South Australia that will tantalise your tastebuds.

Print full name of guest(s): \_\_\_\_\_

Count me for lunch:  Fri  Sat  Sun  
Count me for Conference Dinner (Saturday)

Vegetarian meals required:  Self  Guest(s)  
Vegetarian meal required:  Self  Guest(s)

**TOTAL ENCLOSED:** \$ \_\_\_\_\_

Please list any Special dietary requirements \_\_\_\_\_

**Cancellations/Changes and Refunds:** Fees for missed meals, late arrivals, and early departures will not be refunded. Fees will be refunded, less a \$20.00 processing fee, if cancellation or change resulting in a refund is received in writing no later than September 22, 2014. After that date, fees are non-refundable. All refunds will be processed after the conference.

**PAYMENT METHOD** Cheque or Money Order must be in Australian \$ payable to: **ACMFF - APCA**. There will be a \$25.00 fee charged on cheques returned by the bank due to insufficient funds. Registration confirmation/receipt and further information will be sent by e-mail.

Please tick appropriate box:  Cheque  Money Order  VISA  MasterCard Expiration Date: \_\_\_\_\_

Card #: \_\_\_\_\_ Print Cardholder Name: \_\_\_\_\_

Bank Transfer using the following details:

**Bank:** WBC **BSB:** 035-000  
**Account Number:** 47-6084 **Account Name:** ACMFF-APCA  
**SWIFT:** WPACAU2S

Please e-mail, mail or fax completed registration form with payment to:

**Phone:** +618 8267 5811

**FAX:** +618 8267 5154

**Email:** [ProgramsManager@acmff.org.au](mailto:ProgramsManager@acmff.org.au)

**2014 APCA/ACLAPA Conference**

**Tania Petroccia**

**ACMFF**

**PO Box 1138, NORTH ADELAIDE 5006  
SOUTH AUSTRALIA**

Do not email credit card information because security cannot be guaranteed.  
Please fax or telephone credit card information.