



IRSA 2012

QUEENSTOWN • 4th September to 7th September 2012



## Registration Form

### Contact Details

Full Name: \_\_\_\_\_  
*Title Surname First Name*

Address: \_\_\_\_\_  
*Street Address*  
\_\_\_\_\_  
*City/Suburb State Post Code*

Phone: ( ) \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Hospital / Practice / Organization: \_\_\_\_\_

IRSA Member?      YES       NO

Special Dietary Requirements: \_\_\_\_\_

Partner: \_\_\_\_\_  
*Title Surname First Name*

Special Dietary Requirements: \_\_\_\_\_

#### Children:

<i>Surname</i>	<i>First Name</i>	<i>Date of Birth</i>	<i>Special Dietary Requirements</i>

# Registration Fees

Registration Fee includes:

- Access to all Scientific Sessions
- Registration pack
- Welcome Dinner
- Farwell Dinner

Partner/Children Registration Fee includes:

- Registration pack
- Welcome Dinner
- Farwell Dinner

Full payment of registration fees is required at the time of booking to confirm registration. Registration fees and accommodation are quoted in Australian Dollars (AUD) and Include 10% GST.

Please indicate number below in the relevant box:

Registration	Registration Fee	
IRSA Member / Radiographer		\$800.00
Partner of IRSA Member / Additional Vendor attendees		\$700.00
Non IRSA Member		\$900.00
Non Member Partner		\$750.00
Registrar / Fellow / Nurses		\$350.00
Children (3-11 years)		\$350.00

**Sub Total:**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**TOTAL REGISTRATION FEE:**

(Please insert total on page 5, Payment Section)

## Accommodation

All accommodation bookings must be paid for in full by 3 August 2012.

Arrival Date: \_\_\_\_\_ **Flight Arrival Details\*:** \_\_\_\_\_  
Departure Date: \_\_\_\_\_ **Flight Departure Details\*:** \_\_\_\_\_

**\*\*Registrants are to arrange their own flight bookings and hotel transfers.**

Number of Adults: \_\_\_\_\_ Number of Children (3-11 years): \_\_\_\_\_ Number of Infants: \_\_\_\_\_

Please select  your preferred accommodation option:

**Courtyard View Room** (Sleeps a maximum of 4 guests)  
\$ 170.00\*\* per room per night

\*\*Room rate is based on 1 or 2 adults per room. Additional guests 12 years of age and over will be charged at \$60.00 per night.  
Children 0-11 years are free of charge when sharing with adults and using existing bedding.

Please select  Room Type: **Twin Room** (2 Double Beds) OR **King Room** (1 King bed)

Please select  Extras: **Extra Person** \$60.00 per night  
**Adult - Buffet Breakfast** \$22.00 per person per day  How many  
**Child - Buffet Breakfast** \$9.00 per person per day (5 – 12 years)  How many  
(Buffet Breakfast is free of charge for children 0-5 years when dining with their parents.)

**Additional Room Requirements** (eg. cot, highchair): \_\_\_\_\_

**Number of Nights** \_\_\_\_\_ **Number of Breakfasts** \_\_\_\_\_

**Mountain View Room** (Sleeps a maximum of 4 guests)  
\$ 185.00\*\* per apartment night

\*\*Room rate is based on 1 or 2 adults per apartment. Additional guests 12 years of age and over will be charged at \$60.00 per night.  
Children 0-11 years are free of charge when sharing with adults and using existing bedding.

Please select  Room Type: **Twin Room** (2 Double Beds) OR **King Room** (1 King bed)

Please select  Extras: **Extra Person** \$60.00 per night  
**Adult - Buffet Breakfast** \$22.00 per person per day  How many  
**Child - Buffet Breakfast** \$9.00 per person per day (5 – 12 years)  How many  
(Buffet Breakfast is free of charge for children 0-5 years when dining with their parents.)

**Additional Room Requirements** (eg. cot, highchair): \_\_\_\_\_

**Number of Nights** \_\_\_\_\_ **Number of Breakfasts** \_\_\_\_\_

**Balcony Lake View Room** (Sleeps a maximum of 4 guests)  
\$ 200.00\*\* per apartment night

\*\*Room rate is based on 1 or 2 adults per apartment. Additional guests 12 years of age and over will be charged at \$60.00 per night. Children 0-11 years are free of charge when sharing with adults and using existing bedding.

Please select  Room Type: **Twin Room** (2 Double Beds)

Please select  Extras:

<b>Extra Person</b>	\$60.00 per night
<b>Adult - Buffet Breakfast</b>	\$22.00 per person per day <input type="checkbox"/> How many
<b>Child - Buffet Breakfast</b>	\$9.00 per person per day (5 – 12 years) <input type="checkbox"/> How many (Buffet Breakfast is free of charge for children 0-5 years when dining with their parents.)

**Additional Room Requirements** (eg. cot, highchair):

**Number of Nights** \_\_\_\_\_ **Number of Breakfasts** \_\_\_\_\_

**TOTAL ACCOMMODATION and EXTRAS** (Breakfast or extra person) \$ \_\_\_\_\_

*Please note that it is advisable to book your accommodation early as we have limited amount of rooms in each category. If rooms sell out, you will be advised by phone or e-mail the next room type available.*

*All registrations forms must be received by the **3rd August 2012.***

## Payment

Written confirmation will be sent by email or by post, along with a receipt for your accommodation and registration  
Please retain a copy of this registration form for your records.

**TOTAL REGISTRATION FEE** (page 2) and **ACCOMMODATION**  
(page 3/4):

\$ \_\_\_\_\_

Please select  payment method:

**CREDIT CARD:** If paying by credit card, a 2.5% credit card transaction fee applies.

American Express     Mastercard     Visa    **(Plus 2.5% Credit Card Transaction Fee):**    \$ \_\_\_\_\_

**TOTAL NOW DUE:**    \$ \_\_\_\_\_

Please note that debits to your credit card will appear as **the AOT Group** on your credit card statement.

Card Holder's Name: \_\_\_\_\_ Card Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Card Number: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CHEQUE:** If paying by cheque, please make cheque payable to **AOT Inbound Pty Ltd.**

Please send cheque with your registration form to:

**IRSA**  
AOT Groups Department  
Level 8, 420 St Kilda Road,  
Melbourne VIC 3004

## Cancellations and Refunds

- All cancellations must be made in writing. Please email cancellation notifications to [irsa@aot.com.au](mailto:irsa@aot.com.au)
- Cancellations received in writing after 8 June 2012 will incur a \$200.00 cancellation fee.
- Cancellations received in writing between 06 July 2012 – 05 August 2012 will incur a \$100.00 cancellation fee plus a 50% cancellation fee of the total accommodation cost.
- Cancellations received in writing on or after 06 August 2012 will incur a 100% cancellation fee of the total accommodation and registration costs

Please fax this completed form to: **03 9867 2901**

Or email to: [irsa@aot.com.au](mailto:irsa@aot.com.au)

Or send to: **IRSA**  
AOT Groups Department  
Level 8, 420 St Kilda Road  
Melbourne VIC 3004  
Australia  
(ABN: 13 073 167 129)