



AURIMS Conference
6-8 May 2009, Perth, West Australia

Registration Form

Section A – Details

Organisation: _____

*Surname:
(as on photo ID)

Mr Ms Mrs Miss Dr Prof

*Given Name:
(as on photo ID)

Position Title: _____

Name as you wish it to appear on name badge: _____

Name badge for accompanying partner: _____

Postal Address: _____

Business Phone No: _____

Email address: _____

Business Fax No: _____

Mobile No: _____

Special Diet/Health
requirements: _____

* Please ensure the details on this form match your driver's licence or passport identification.

Section B – Attendance (please indicate sessions attending)

Date:	Session	Please indicate
Wednesday 6 May 2009	Official Opening 8.30am – 11.40am	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Site Visit to WA Police Academy and Nursing Simulation Centre, ECU 11.40am – 5.00pm (TBC)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Thursday 7 May 2009	Sessions & Panel Discussion 9.00am – 5.00pm	Yes <input type="checkbox"/> No <input type="checkbox"/>
Friday 8 May 2009	Sessions 9.00am – 12.30pm	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section C - Registration

Full Registration - Early Bird \$ 450 incl. GST — incl. Conference Dinner **Available until 1 March 2009 only**

Full Registration - Standard \$ 500 incl. GST — incl. Conference Dinner **Applicable from 1 March 2009**

Cancellations prior to 1 March are eligible for a 50% refund.

SECTION C TOTAL

\$

Section D – Dinners (please indicate your attendance)

Please indicate whether or not you would like to attend the casual dinner on Wednesday 6 May and the Conference Dinner on Thursday 7 May.

Informal Dinner Wednesday, 6 May 2009 at 7pm, South Perth Yacht Club	Attending Yes <input type="checkbox"/> No <input type="checkbox"/>	Conference Dinner Thursday, 7 May 2009 at 7pm, Duxton Hotel	Attending Yes <input type="checkbox"/> No <input type="checkbox"/>
Partner Attending	Yes <input type="checkbox"/> No <input type="checkbox"/>	Partner Attending @ \$100	Yes <input type="checkbox"/> No <input type="checkbox"/>
Partner's dietary/ health requirements:			

SECTION D TOTAL: \$

Section E – Parking

Parking is available at the hotel at \$25 per day. Alternative parking arrangements are outlined in the Conference brochure available on the website. If you require parking, please provide the following details:

**Registration number of
vehicle:**

Single day/s -

Enter dates required

Overnight Parking:

Date in:

Date out:

SECTION E TOTAL: \$

Section F – Accommodation

Accommodation bookings can be made directly with the hotel utilising the booking reference details as outlined below. These details will give you access to the group reservation made by AURIMS and will offer you rooms at conference rates. **It is advisable to make your accommodation bookings as soon as possible as the group reservation is expected to fill up quickly.**

Conference Venue Accommodation:

Duxton Hotel Perth
Reservations Department:
T: 08 9261 8000
E: res1@perth.duxton.com.au

Alternative Accommodation

New Esplanade Hotel
Sheraton Perth Hotel
Seasons of Perth – The Sebel
Hotel Mercure
Hotel Novotel Langley Perth

Or book online on: <http://www.duxton.com.au/perth/>

Group booking reference: AURIMS 2009

Cancellations / No Show

Any rooms cancelled within 15 days of the arrival date will be liable for cancellation charges of one night's accommodation. Any rooms cancelled within 48 hours of arrival will incur a charge for all room nights lost.

For any guest that does not arrive on the specified date as detailed in the final rooming list, the hotel will charge a no show fee of one night's accommodation per room per night.

Section G – Payment

All Early Bird payments need to be received **before 1 March 2009**. Payments can be made by credit card or cheque. Please find further details below.

SECTION C TOTAL - REGISTRATION	\$
SECTION D TOTAL - DINNERS	\$
SECTION E TOTAL - PARKING	\$
TOTAL PAYABLE	\$

PAYMENT METHODS

CREDIT CARD

Credit Card Number	_____	Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Card Holder Name	_____	Expiry Date	_____
Total Amount	\$ _____	Signature	_____

CHEQUE

Made payable to: AURIMS Conference 2009.

Send cheques to: AURIMS
The University of Western Australia
M350, 35 Stirling Highway, Crawley WA 6009, Australia

Section H – Completion of Form

Privacy Statement

In registering for this event relevant details may be incorporated into a delegate list for the benefit of all delegates, sponsors, exhibitors, AURIMS, Image 7 Group and other parties directly related to the Conference.

NB If you do not wish to have your name and contact details provided to the above mentioned parties or for future promotion, please tick this box.

This document will be a tax invoice for GST when fully completed and you make a payment.

Date _____

Signature _____

Thank you for taking the time to complete this form. Please return by **Friday 17 April 2009** using one of the following methods:

- Fax completed form to **08 6488 1179** or,
- Email form to aurims-conference@uwa.edu.au

For further information please contact:

- Grant Wallace 08 6488 3214 or grant.wallace@uwa.edu.au

For conference details and updates visit www.aurims.com

We look forward to seeing you at the AURIMS 10th Conference in May 2009.

AURIMS
CONFERENCE 2009

WANTED
COWARDS & COWBOYS
6-8 MAY 2009
PERTH, WEST AUSTRALIA