

REGISTRATION FORM

Complete the form using Adobe Acrobat, save the edited form and email your registration to pcc2011@vcs.org.au

OR print your form and fax or post to:

265 Faraday Street, Carlton South, Victoria 3054

Ph: 03 9250 0322 Fax: 03 9349 1949 Email: pcc2011@vcs.org.au



PCC2011

Conference Preventing Cervical Cancer:
Integrating Screening and Vaccination

PERSONAL DETAILS

Title First Name Last Name

Position Organisation

Address

Suburb City State Country

Post Code Phone Fax

Email

Special Dietary Requirements

REGISTRATION FEES

Early Bird Registration: \$920.00 inc. GST (16th September 2011)

Standard Registration: \$1090.00 inc. GST

REGISTRATION INCLUSIONS

- Attendance at all Conference sessions
 - Conference satchel
 - Catering including morning, afternoon tea's and lunches
 - Attendance at the full Social Program
- I will be attending the Welcome Reception 9th Nov
- I will be attending the Conference Dinner on 10th Nov at Zinc, Federation Square. (Dinner ticket is included in the Registration. Please tick for catering purposes).

ACCOMPANYING PERSON DETAILS

Title First Name Last Name

ACCOMPANYING PERSON FEES

Accompanying Person Dinner Ticket: \$160.00 inc. GST

ACCOMPANYING PERSON INCLUSIONS

Attendance at the Welcome Reception on 9th November and the Conference Dinner on 10th November at Zinc, Federation Square

CONFERENCE CANCELLATION TERMS & CONDITIONS

All conference registration cancellations must be advised in writing to the PCC2011 conference secretariat. Cancellations received before the 30th September 2011 will incur a penalty fee of \$50. Cancellations received after the 30th September 2011, and before the 21st October 2011 will incur a penalty of 50% of the fee paid. No refunds will be given after the 21st October 2011, however substitutes are welcome. PCC2011 should be advised of substitutes by 28th October 2011.

I agree to the above terms and conditions.

PAYMENT - CREDIT CARD PAYMENTS

Card Type: Visa Mastercard American Express

Name on Card

Card Number Expiry Date

Total amount: \$ Date Signature

PAYING BY CHEQUE

If you are paying by cheque please make cheques payable to 'Victorian Cytology Service Inc' and send to:
265 Faraday Street, Carlton VIC 3054

REGISTRATION WITHOUT PAYMENT

Send me an invoice

Please fax, post or email completed registration form to Victorian Cytology Service.