



AUSTRALIAN RESUSCITATION COUNCIL

C/- Royal Australasian College of Surgeons Spring Street, Melbourne, Vic 3000
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TAX INVOICE

ABN NO. 73 708 281 962

CONFERENCE REGISTRATION FORM

2009 SPARK OF LIFE CONFERENCE

(Please print in BLOCK letters using a ball point pen or type.)

SURNAME.....INITIALS.....TITLE (Mr; Mrs; Ms; Dr; Prof; Other)

ADDRESS.....

.....POSTCODE.....

TEL:.....FAX:.....EMAIL:.....

PREFERRED NAME FOR NAME BADGE..... Doctor Nurse

Paramedic Ambulance Officer Volunteer first aid worker Other

ACCOMPANYING PERSON

(Please register for the Cocktail Party only - no charge)

SURNAME.....OTHER NAMES.....TITLE.....

PREFERRED NAME FOR NAME BADGE.....

An accompanying person is not eligible to attend the 2 day scientific meeting.

WELCOMING COCKTAIL PARTY (No Charge) - Maximum of 2 persons per registration

Number attending

REGISTRATION:

2 Day SOL Conference 1-2 May 2009

Before 30th March 2009 \$450.00 + 10% GST = \$495.00 \$.....

After 31st March 2009 \$480.00 + 10% GST = \$528.00 \$.....

CONFERENCE DINNER (Friday 1 May 2009)

Number attending

\$100.00 per head + 10% GST = \$110.00 per head \$.....

TOTAL REGISTRATION FEES & DINNER \$.....

There will be no refund after 17th April 2009

PAYMENT OPTIONS

- 1. Please make your Cheques payable in AUSTRALIAN Dollars to "Spark of Life Conference".
- 2. The following credit cards are acceptable and complete details required.

MasterCard Visa AMEX Diners Expiry Date Month Year

CARD NO.

.....
CARDHOLDERS' NAME - BLOCK LETTERS

.....
CARDHOLDER'S SIGNATURE

.....
DATE

PLEASE RETAIN THE BLUE COPY OF THE REGISTRATION FORM FOR YOUR REFERENCE.