



AUSTRALIAN RESUSCITATION COUNCIL  
 C/- Royal Australasian College of Surgeons, 250-290 Spring Street, East Melbourne, Vic 3002  
 Tel: (03) 9249 1214 - Fax: (03) 9249 1216 - Email: [ARC@surgeons.org](mailto:ARC@surgeons.org)

**TAX INVOICE**

ABN NO. 73 708 281 962

**CONFERENCE REGISTRATION FORM**

2011 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 Service  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 Neonatal Satellite Meeting or the two day SOL Conference.

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

Number attending

REGISTRATION:

Neonatal Satellite Meeting 7 April 2011  
 \$250.00 + 10% GST = \$275.00 \$.....

2 Day SOL Conference 8-9 April 2011  
 Before 7 March 2011 \$500.00 + 10% GST = \$550.00 \$.....

From 8 March 2011 \$550.00 + 10% GST = \$605.00 \$.....

CONFERENCE DINNER (Friday 8 April 2011) Number attending   
 \$100.00 per head + 10% GST = \$110.00 per head \$.....

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

*There will be no refund after 17 March 2011*

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**