



ANAA Inc. 35th Annual Conference & AGM

25th-27th October 2017
Novotel Northbeach Wollongong

REGISTRATION FORM

FINAL REGISTRATIONS MUST BE SUBMITTED BY 29th September 2017

Name:

Home address:

..... Post code:.....

Name of workplace:

Address of workplace:

.....

..... Post code:.....

Name of Local Health District:

Attention to:

Email:

Contact phone: Fax:

I wish to register for the ANAA Inc. 35th Annual Conference:

ANAA Inc Member full registration **\$300**
3 days includes conference dinner and flash drive

ANAA Inc Member daily rate **\$125**
Days attending: Wednesday Thursday Friday
Daily rate does not include conference dinner

I will attend the dinner **I will not be attending dinner**

Non Member Full Registration 3 days **\$350**

Non Member daily rate **\$150**
Days attending: Wednesday Thursday Friday
Daily rate does not include conference dinner

I will attend the dinner **I will not be attending dinner**

My partner will also attend the dinner **(\$65)**

Special dietary requirements:.....

Partner dietary requirements:.....

Do you require any assistance with access? Please indicate: (e.g. hearing / vision impairment, mobility, etc).

.....

Please post or email completed registration to: Julia Cunningham (Treasurer)

Maitland Community Health Centre

58 Stronach Ave, East Maitland. NSW 2323.

Email: Julia.cunningham@hnehealth.nsw.gov.au



Audiometry Nurses Association of Australia Inc.

www.anaa.asn.au

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Novotel Northbeach Wollongong**

PAYMENT DETAILS

FINAL REGISTRATIONS MUST BE SUBMITTED BY 29th September 2017

A Tax Invoice will be sent to you upon receipt of your Registration.

The tax invoice will be sent to the delegate who is then responsible for arranging payment through their health service.

Name.....

Please make all payments to: 'Audiometry Nurses Association of Australia Inc'

Cheque / money order enclosed for \$

EFT payment

Payment by Health Service

Details:

Northern Inland Credit Union [NICU] BSB 802 298 Account 43834

Reference:

.....
(Initial of first name) (as many letters of surname as possible) (tax invoice no.)

Withdrawal of registration up to 2 weeks prior to closing date incurs no penalty – full refund available.
Withdrawal of registration after closing date is non- refundable – however substitutions are welcome

Please post or email completed registration to: Julia Cunningham (Treasurer)
Maitland Community Health Centre
58 Stronach Ave, East Maitland. NSW 2323.
Email: Julia.cunningham@hnehealth.nsw.gov.au

Comment:.....

OFFICE USE ONLY:		Tax Invoice:		Date Sent:		
Type of membership:	Full <input type="checkbox"/>	Associate <input type="checkbox"/>	Life <input type="checkbox"/>	Non Member <input type="checkbox"/>		
Date Payment Received	Amount	Cash	Cheque/Money Order	EFT	Direct Credit	Health Service Payment
.....						
.....						
Payment of Partners Dinner: \$65.00 (personal payment) <i>Date banked on ANAA Inc Bank Statement</i>						