

AMA QUEENSLAND CAIRNS BREAKFAST WITH THE HEALTH MINISTER AND LOCAL LIVE ISSUES PANEL DISCUSSION



REGISTRATION FORM

FIRST ATTENDEE

Name: Dr / Mr / Ms / Mrs / Miss (Please circle) _____

AMA Queensland Member Member number: _____ Non-member

Hospital / Practice name: _____ Position title: _____

Office Phone: _____ Mobile: _____ Email address: _____

Postal address: _____

Dietary requirements: _____

ADDITIONAL ATTENDEE

Name: Dr / Mr / Ms / Mrs / Miss (Please circle)

AMA Queensland member Non-member

AMA Queensland member number: _____

Position title: _____

Email address: _____

Dietary requirements: _____

Name: Dr / Mr / Ms / Mrs / Miss (Please circle)

AMA Queensland member Non-member

AMA Queensland member number: _____

Position title: _____

Email address: _____

Dietary requirements: _____

PRICING

(please circle)

AMA Queensland Member	Free
Non-Member	\$65

PAYMENT

Credit card: Visa Mastercard Amex

Amount: \$ _____

Card number: _____

Expiry date: ____ / ____ CCV: _____

Cardholders name: _____

Signature: _____

Direct deposit: Contact the events team on (07) 3872 2222.

Submit registration form:

Email: registrations@amaq.com.au

Phone: (07) 3872 2222

Fax: (07) 3856 4727

Post: AMA Queensland, PO Box 123,
Red Hill, QLD 4059

Privacy information:
AMA Queensland's primary purpose of collecting personal information on this form is to process your purchase. In providing your details you consent to your personal details being used in the manner indicated.
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