

Registration form

Online registration
now available
www.amaq.com.au



FIRST ATTENDEE

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

AMA Queensland Member Non-member

AMA Queensland member number: _____

In the employ of Dr: _____

Practice name: _____

Position title: _____

Office phone: _____ Mobile: _____

Email address: _____

Postal address: _____

Dietary requirements: _____

ADDITIONAL ATTENDEES

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

AMA Queensland Member Non-member

Position title: _____

Email address: _____

Dietary requirements: _____

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

AMA Queensland Member Non-member

Position title: _____

Email address: _____

Dietary requirements: _____

REGISTRATION CATEGORY	ONE DAY (Friday / Saturday)	BOTH DAYS
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Early-bird member (Ends 20 July 2018)	\$290	\$560
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Member standard	\$350	\$680
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Non-member	\$450	\$880
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Registration price inc GST

Group Bookings:

A 10 per cent discount applies for four or more registrations.
Contact the Events Team on (07) 3872 2222 to apply.

CONCURRENT STREAM SELECTION:

FRIDAY 7 SEPTEMBER

10.30am – 12pm	1pm – 2.30pm	3pm – 4.30pm
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Specialist Specialist Specialist

General Practice General Practice General Practice

Practice Manager Practice Manager Practice Manager

SATURDAY 8 SEPTEMBER

11am – 12pm	1pm – 2.30pm
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Practice Manager Medico-Legal

Practice Manager Medico-Legal

PAYMENT

Credit card:

Visa Mastercard AMEX

Amount: \$ _____

Card number: _____

Expiry date: ____ / ____ CCV: _____

Cardholder's name: _____

Signature: _____

Direct deposit: Contact the Events Team on (07) 3872 2222.

SUBMIT REGISTRATION FORM:

Email: registrations@amaq.com.au

Fax: (07) 3856 4727

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

Phone: (07) 3872 2222

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.

ABN: 17 009 660 280

