

STRATEGIES FOR SUCCESS ON YOUR RURAL RELIE

ATTENDEE DETAILS

Name:	Dr / Mr / Ms / Mrs / Miss	

Name: Dr / Mr / Ms / Mrs / Miss	THURSDAY 29 NOVEMBER, 6.30PM - 8PM	
AMA Queensland Member Non-member		
Registration category: O Student O Intern O Do	octor in Training (yr 2-5) Senior Doctor	
Practice/Hospital/Company name:		
Phone:	Mobile:	
Email:		
Address:		
Dietary requirements:	Attendance: () in-person () via webinar	
ADDITIONAL ATTENDEE		
Name: Dr / Mr / Ms / Mrs / Miss	Name: Dr / Mr / Ms / Mrs / Miss	
○ AMA Queensland Member ○ Non-member	○ AMA Queensland Member ○ Non-member	
Registration category: Student Intern O Doctor in Training (yr 2-5) Senior Doctor	Registration category: O Student O Intern O Doctor in Training (yr 2-5) O Senior Doctor	
Practice/Hospital/Company name:	Practice/Hospital/Company name:	
Email:	Email:	
Dietary requirements:	Dietary requirements:	
Attendance: Oin-person Ovia webinar	○ in-person ○ via webinar Attendance: ○ in-person ○ via webinar	
PAYMENT OPTIONS FOR NON-ME		
Credit Card: O Visa O Mastercard O AMEX	REGISTRATION FORM	
Amount: \$	Email: registrations@amaq.com.au Fax: (07) 3856 4727	
Card number:	Phone: (07) 3872 2222	
Expiry Date:	Post: AMA Queensland, PO Box 123, Red Hill, QLD	
CCV:	- CONTINE	
	REGISTER UNLINE	

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

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