

HAA2009
HSANZ ANZSBT ASTH ANNUAL SCIENTIFIC MEETINGS
ADELAIDE CONVENTION CENTRE, SA – 18 TO 21 OCTOBER

EXHIBITOR REGISTRATION FORM

REGISTRATION FORM/TAX INVOICE ABN: 83 678 772 994

(PLEASE PRINT CLEARLY)

- Each booth booking includes **one** complimentary full-time exhibitor registration (*e.g. 2 booths = 2 complimentary full-time exhibitor registrations*) including catering, Welcome Reception (WR) and Conference Dinner (CD).
- **Exhibitor Day Passes** for additional representatives at a cost of \$65 per person per day for stand only attendance which includes morning and afternoon teas and lunches on Sunday, Monday & Tuesday. Wednesday is complimentary & includes morning tea only. Social functions (WR & CD) must be booked and paid for separately and are not included in this registration type.

**Please note exhibitors / sponsors registering as paying full delegates
need to complete the delegate registration form in the Registration Brochure**

REGISTRATION FEES

NAME FOR MAIN CONTACT ONSITE

[For office use only] Reg No HAA2009/.....

Title: **First name:** **Surname:**

Organisation: **Position:**

Address: **City:**

State: **Postcode:** **Country:**

Mobile: **Fax:** **Email:**

Circle day/s attending @ \$65.00 per day: Sunday/Monday/Tuesday/(Wednesday comp) Welcome Reception: YES/NO Dinner YES/NO

Please circle registration type: **Complimentary Full-time Exhibitor / Exhibitor Day Pass / Other Registration Type**

ADDITIONAL STAFF NAMES (2)

[For office use only] Reg No HAA2009/.....

Title: **First name:** **Surname:**

Organisation: **Position**

(as you wish it to appear on your namebadge)

Address: **City:**

State: **Postcode:** **Country:**

Mobile: **Fax:** **Email:**

Circle day/s attending @ \$65.00 per day: Sunday/Monday/Tuesday/(Wednesday comp) Welcome Reception: YES/NO Dinner YES/NO

Please circle registration type: **Complimentary Full-time Exhibitor / Exhibitor Day Pass / Other Registration Type**

ADDITIONAL STAFF NAMES (3)

[For office use only] Reg No HAA2009/.....

Title: **First name:** **Surname:**

Organisation: **Position**

(as you wish it to appear on your namebadge)

Address: **City:**

State: **Postcode:** **Country:**

Mobile: **Fax:** **Email:**

Circle day/s attending @ \$65.00 per day: Sunday/Monday/Tuesday/(Wednesday comp) Welcome Reception: YES/NO Dinner YES/NO

Please circle registration type: **Complimentary Full-time Exhibitor / Exhibitor Day Pass / Other Registration Type**

EXHIBITOR REGISTRATION FORM (CONTINUED)

ADDITIONAL STAFF NAMES (4)

[For office use only] Reg No HAA2009/.....

Title: **First name:** **Surname:**

Organisation: **Position**
(as you wish it to appear on your namebadge)

Address: **City:**

State: **Postcode:** **Country:**

Mobile: **Fax:** **Email:**

Circle day/s attending @ \$65.00 per day: Sunday/Monday/Tuesday/(Wednesday comp) Welcome Reception: YES/NO Dinner YES/NO

Please circle registration type: **Complimentary Full-time Exhibitor / Exhibitor Day Pass / Other Registration Type**

ADDITIONAL STAFF NAMES (5)

[For office use only] Reg No HAA2009/.....

Title: **First name:** **Surname:**

Organisation: **Position**
(as you wish it to appear on your namebadge)

Address: **City:**

State: **Postcode:** **Country:**

Mobile: **Fax:** **Email:**

Circle day/s attending @ \$65.00 per day: Sunday/Monday/Tuesday/(Wednesday comp) Welcome Reception: YES/NO Dinner YES/NO

Please circle registration type: **Complimentary Full-time Exhibitor / Exhibitor Day Pass / Other Registration Type**

ADDITIONAL STAFF NAMES (6)

[For office use only] Reg No HAA2009/.....

Title: **First name:** **Surname:**

Organisation: **Position**
(as you wish it to appear on your namebadge)

Address: **City:**

State: **Postcode:** **Country:**

Mobile: **Fax:** **Email:**

Circle day/s attending @ \$65.00 per day: Sunday/Monday/Tuesday/(Wednesday comp) Welcome Reception: YES/NO Dinner YES/NO

Please circle registration type: **Complimentary Full-time Exhibitor / Exhibitor Day Pass / Other Registration Type**

ADDITIONAL STAFF NAMES (7)

[For office use only] Reg No HAA2009/.....

Title: **First name:** **Surname:**

Organisation: **Position**
(as you wish it to appear on your namebadge)

Address: **City:**

State: **Postcode:** **Country:**

Mobile: **Fax:** **Email:**

Circle day/s attending @ \$65.00 per day: Sunday/Monday/Tuesday/(Wednesday comp) Welcome Reception: YES/NO Dinner YES/NO

Please circle registration type: **Complimentary Full-time Exhibitor / Exhibitor Day Pass / Other Registration Type**

Please photocopy this page to add additional exhibitor registrations

ACCOMMODATION

(Booking and payment of at least 1 night's deposit required by Friday 4 September 2009)

Should you require accommodation for the conference, please advise accommodation preferences below (number preferences 1-3). Please refer to registration brochure for accommodation details. In order to hold accommodation, at least 1 night's deposit is required. (Please select 1 payment option below). Please note, deposit will be forfeited if the room is not occupied on the arrival date stated.

I will pay 1 night's deposit for each guest I will pay the full anticipated balance for each guest

Preference	Hotel	Room Type		
		Single	Double	Twin
	Hyatt Regency Adelaide			
.....	King Room	<input type="checkbox"/> \$240	<input type="checkbox"/> \$240	<input type="checkbox"/> \$240
.....	River View Room	<input type="checkbox"/> \$265	<input type="checkbox"/> \$265	<input type="checkbox"/> \$265
.....	Regency Club Room	<input type="checkbox"/> \$300	<input type="checkbox"/> \$300	<input type="checkbox"/> \$300
	Oaks Horizons Adelaide			
.....	1 Bedroom Apartment (sleeps 1-2)	<input type="checkbox"/> \$170		
.....	2 Bedroom Apartment (Sleeps 1-4)	<input type="checkbox"/> \$227		
	Mercure Grosvenor Hotel			
.....	Economy Room	<input type="checkbox"/> \$120	<input type="checkbox"/> \$120	<input type="checkbox"/> \$120
.....	Standard Room	<input type="checkbox"/> \$175	<input type="checkbox"/> \$175	<input type="checkbox"/> \$175
.....	Deluxe Room	<input type="checkbox"/> \$205	<input type="checkbox"/> \$205	<input type="checkbox"/> \$205
	Comfort Hotel Adelaide Riviera			
.....	Standard Room	<input type="checkbox"/> \$120	<input type="checkbox"/> \$120	<input type="checkbox"/> \$120
.....	Deluxe Room	<input type="checkbox"/> \$140	<input type="checkbox"/> \$140	<input type="checkbox"/> \$140

Please advise each guest's name & accommodation details below

					Cost
Name:	Hotel				
Arrival Date	Departure Date	Room type	Number of nights.....		A\$.....
Name:	Hotel				
Arrival Date	Departure Date	Room type	Number of nights.....		A\$.....
Name:	Hotel				
Arrival Date	Departure Date	Room type	Number of nights.....		A\$.....
Name:	Hotel				
Arrival Date	Departure Date	Room type	Number of nights.....		A\$.....
Name:	Hotel				
Arrival Date	Departure Date	Room type	Number of nights.....		A\$.....
Name:	Hotel				
Arrival Date	Departure Date	Room type	Number of nights.....		A\$.....
Total Number of nights required					
Accommodation Subtotal					A\$.....

Additional SOCIAL PROGRAM TICKETS

Welcome Reception (Sunday 18/10)	Additional tickets@ A\$60
Conference Dinner (Tuesday 22/10)	Additional tickets@ A\$130
Social Program Subtotal			A\$.....

Total Exhibitor Day Passes@ \$65	Subtotal	A\$.....
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TOTAL PAYMENT DUE

Additional Exhibitors Fees (Exhibitor passes subtotal)	\$
Accommodation Costs (Accommodation Subtotal)	\$
Social Program (Social Program Subtotal)	\$
TOTAL DUE	A\$

**Australia has a Federal Goods and Services Tax (GST) of 10%.
Overseas delegates are not exempt from paying this tax. All costs include GST
All payments must be made in AUSTRALIAN DOLLARS only. Payment in any other currency will not be accepted.
Forms will not be processed nor acknowledgements sent until payment is received.**

PAYMENT OPTIONS

Option A I ENCLOSE A CHEQUE OR BANK DRAFT DRAWN ON AN AUSTRALIAN BANK (in Australian Dollars)
made payable to **HAA 2009 ASM**

Option B I HAVE SENT PAYMENT BY ELECTRONIC FUNDS TRANSFER TO:
Commonwealth Bank, North Adelaide Branch, SA BSB: 065 114 A/C: 1023 3071
A/C name: HAA 2009 ASM

Name of your bank:
Date of transfer:
Amount transferred:

Option C PLEASE CHARGE MY CREDIT CARD (Circle type and complete details below)

Visa Mastercard **NB: Amex and Diners Club cards not accepted**

Credit Card Number

Cardholder's Name: Home Address:

Credit Card Expiry Date: Signature: Date:

HAA 2009 ASM Secretariat
PO Box 949, KENT TOWN SA 5071 AUSTRALIA
Telephone: 08 8363 1307 (*Within Australia*) +61 8 8363 1307 (*International*) **Fax:** +61 8 8363 1604 (*International*)
E-mail: haa@fcconventions.com.au

We suggest you make a copy of this form for your own records. If payment has to be processed through a large organisation and may be delayed, please forward a separate copy of the registration form to the Secretariat. However, registrations will only be acknowledged once payment has been received.

For Office Use Only:

Reg No: HAA2009: Cheque No:.....

Bank: Amount: \$:

Branch: Ref No:.....

Account No: