



**BASIC SCIENCE DAY – “BRIDGING THE GAP”**  
**3 SEPTEMBER 2008**  
**NOSA 24<sup>TH</sup> ANNUAL SCIENTIFIC MEETING**  
**4-5 SEPTEMBER 2008**  
**NEUROVISION TRAINING WEEKEND**  
**6 – 7 SEPTEMBER 2008**



**National Convention Centre, Canberra**

**REGISTRATION FORM**

**Please complete this form CLEARLY and FAX to Jo Masters  
 (sanofi aventis) on Fax No: 02 8666 3542.**

**DELEGATE INFORMATION**

**Title: .....Family Name:.....First Name(s):.....**

**Mailing Address:.....**

**Suburb:.....Postcode:.....State:.....**

**Work Phone:.....Fax No:.....Mobile No:.....**

**Email Address (Please write clearly):.....**

**Dietary Requirements:.....**

**REGISTRATION**

PLEASE TICK WHICH CONFERENCE/DINNER(S) YOU WILL BE ATTENDING.  
 PLEASE NOTE THERE IS A LATE REGISTRATION FEE FOR APPLICATIONS SUBMITTED AFTER 1 JULY 2008.

	OPTION		STANDARD RATE	TRAINEE RATE*	AFTER 1 JULY '08
<input type="checkbox"/>	A	SCIENTIFIC DAY "BRIDGING THE GAP", 3 SEPT	\$150.00	\$110.00	\$200.00
<input type="checkbox"/>	B	NOSA CONFERENCE, 4-5 SEPT	\$410.00	\$360.00	\$460.00
<input type="checkbox"/>	C	SCIENTIFIC DAY & NOSA CONFERENCE	\$530.00	\$460.00	\$580.00
<input type="checkbox"/>	D	NOSA CONFERENCE & NEUROVISION WEEKEND	\$580.00	\$480.00	\$630.00
<input type="checkbox"/>	E	NEUROVISION TRAINING WEEKEND, 6-7 SEPT	\$220.00	\$170.00	\$270.00
<input type="checkbox"/>	F	SCIENTIFIC DAY/NOSA/NEUROVISION WEEKEND	\$630.00	\$560.00	\$680.00
<input type="checkbox"/>		NOSA DINNER, OLD PARLIAMENT HOUSE, 4 SEPT	\$110.00	\$80.00	\$110.00
<input type="checkbox"/>		NEUROVISION DINNER, THE LOBBY RESTAURANT, 6 SEPT**	\$100.00	\$60.00	\$100.00
<input type="checkbox"/>		DISCOUNT ON MEETINGS FOR NOSA MEMBERSHIP	-\$70.00	-\$70.00	-\$70.00
		<b>MEETING TOTAL</b>			

\*FOR TRAINEES, ORTHOPTISTS & NURSES (REQUIRES ACCOMPANYING CONFIRMATORY LETTER FROM YOUR HEAD OF DEPARTMENT OR SUPERVISOR)

\*\*NEUROVISION DINNER, 6 SEPT, THE LOBBY - places are subject to availability (limited to 110).

IF YOU WISH TO TRAVEL WITH AN ACCOMPANYING PERSON(S), OR WISH TO PURCHASE ADDITIONAL TICKETS TO THE DINNER(S), PLEASE CONTACT JO MASTERS ON (02) 8666 2542 OR LINDA GLASSICK ON (02) 8666 2544.

**AN INVOICE/RECEIPT WILL BE SENT TO YOU WITH PAYMENT DETAILS ONCE ACCOMMODATION & TRAVEL ARRANGEMENTS HAVE BEEN FINALISED.**

## TRAVEL (Page 2)

Only complete this section if you require sanofi aventis to organise flights on your behalf. Please note that all travel expenses are payable at the time of booking. Based on the information you supply, an itinerary will be prepared and you will be asked to confirm that you agree to the fare being debited to your stated credit card.

Please enter your preferred flight details in the space provided below.

PLEASE SELECT THE TYPE OF FARE YOU WOULD LIKE TO TRAVEL ON – THE TYPE OF FARE WILL DETERMINE THE COST AND THE FLEXIBILITY OF CHANGES AND FURTHER COSTS. THIS INFORMATION WILL BE PROVIDED TO YOU PRIOR TO THE CONFIRMATION OF THE BOOKING.

- NON REFUNDABLE FARE**  
Fare is changeable subject to availability. Changes can be made up to 24hrs prior to departure. If changes are made Qantas will charge \$38.50 per change plus any new fare difference which applies. A no-show constitutes a used ticket. An E-Ticket will be issued 24hrs after booking has been made.
- REFUNDABLE FARE**  
Fare is changeable subject to availability and without additional charge. An E-Ticket can be issued up to the day before departure.

INBOUND	Depart Date	From	To	Flight No. (if known)	DEP. TIME	ARR. TIME
			<b>CANBERRA</b>			
OUTBOUND	Depart Date	From	To	Flight No. (if known)	DEP. TIME	ARR. TIME
		<b>CANBERRA</b>				
FREQUENT FLYER NUMBER:						

## ACCOMMODATION

Only complete this section if you require sanofi aventis to organise accommodation for this conference on your behalf. Please read all information on the accommodation below before you complete this form to ensure you do not incur cancellation fees.

Please note that your credit card number will be provided to the hotel by way of guarantee when making the booking. Payment of your total accommodation charges will be requested from you by the hotel at the time of check out. (We are required to give the hotel your credit card details as security in case of cancellation or non-arrival - see below).

### HOTEL DETAILS:

The Crowne Plaza Canberra, 1 Binara Street, Canberra – P: 02 6247 8999

- King Bed/Twin Bed (please circle preference - subject to availability)
- \$15.00 Per Day Self Parking at the Crowne Plaza, Canberra

	CHECK IN DATE		CHECK OUT DATE	
ROOM TYPE (Please tick against box)	Superior King or Twin No B/Fast <b>\$245 p/night</b>		Non Smoking	
	Superior King or Twin With B/Fast <b>\$265 p/night</b>		Smoking	

<u>CANCELLATION POLICY</u>	DESCRIPTION
Cancellation within 48 hours of arrival	All cancellations within 7 days of the due arrival date are subject to all nights accommodation charge.
Non-Arrivals	All non-arrivals will be charged for all room nights not utilised.

## CREDIT CARD DETAILS

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CREDIT CARD DETAILS SHOULD BE PROVIDED WHEN YOU ARE BOOKING. PLEASE COMPLETE YOUR CREDIT CARD DETAILS **IN FULL AND VERY CLEARLY**:

- CONFERENCE
- DINNERS
- FLIGHTS/ACCOMMODATION

Credit Card Type: <b>PLEASE TICK</b>	<input type="checkbox"/> Visa Card	<input type="checkbox"/> Mastercard	<input type="checkbox"/> American Express	<input type="checkbox"/> Bankcard																		
Name on Card:																						
Card Number:																	Expiry Date:			/		
Cardholder Signature:																						