



# Simulation Industry Association of Australia

ABN: 13 087 862 619

## Human Factors in Healthcare Symposium

Friday 11<sup>th</sup> September 2009

9.00am – 5.00pm

Governor's Wing – Hilton On The Park

### REGISTRATION FORM

Title (Prof/Dr/Mr/Ms/Other) \_\_\_\_\_ Given Name \_\_\_\_\_ Surname \_\_\_\_\_

Preferred Name for Badge \_\_\_\_\_

Company/Organisation \_\_\_\_\_

Postal Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Phone (w) \_\_\_\_\_ Mobile \_\_\_\_\_

Facsimile \_\_\_\_\_ Email \_\_\_\_\_

Special Requirements (dietary or otherwise) \_\_\_\_\_

**PRIVACY STATEMENT:** Your registration details will only be used for the purpose of Symposium registration and Symposium materials dissemination. The SIAA and Consec will not use or disclose our registration details for any other purpose, without your prior written consent.

**DISCLAIMER:** The Symposium program and registration information is correct at time of publication; however, the Organisers reserve the right to change information where necessary.

**A Tax Invoice will be emailed to the address provided once your registration has been processed.**

#### REGISTRATION PAYMENT DETAILS

**Symposium Registration Fee \$395.00** Including GST

Symposium registration includes morning and afternoon tea, lunch and Symposium materials.

#### METHOD OF PAYMENT

**CREDIT CARD**

Please provide credit card details in the spaces below

Visa     Mastercard     Amex

Cardholder's Name: \_\_\_\_\_ (Please print)

Card Number:   

Expiry Date:      /

Signature: \_\_\_\_\_ Total amount authorised \$ \_\_\_\_\_

**CHEQUE**

Please make cheque payable to **SimTecT Health 2009 Conference**

Please complete this form and return with payment to the Symposium Secretariat\*, Consec – Conference Management  
PO Box 3127  
BMD ACT 2617

Telephone: 02 6251 0675

Fax: 02 6251 0672

Email: simtecthealth@consec.com.au

