

HIMAA NATIONAL CONFERENCE 2010

27th– 29th October 2010

Harbours Edge Events Centre

Darling Harbour, Sydney NSW 2000 Australia

REGISTRATION FORM

Receive Early Bird Discount if you register
and pay by 1st August 2010

Organisation			Position		
Correspondence Address		Suburb		State/Country	Postcode
Title	Full Name		Preferred name for badge		
University	Year of Graduation (For HIM New Graduate ONLY)		Student ID No:		
Phone		Fax	Email		
HIMAA/CCSA (Please circle) Full/Affiliate/Concessional/Student/Life Organisational or Non member		Member Number	Dietary Requirements <input type="checkbox"/> Vegetarian <input type="checkbox"/> Gluten Free <input type="checkbox"/> Halal <input type="checkbox"/> Other Special Requirements: (e.g. wheelchair access)		

Registration details (Please circle appropriate fees) - All fees are in AUD and GST inclusive

	Options	HIMAA/CCSA Member		HIMAA Student Member	Non-Member	
		Early Bird	Standard	Standard	Early Bird	Standard
	HIMAA Conference (Social Events included in full registration fee)					
<input type="checkbox"/>	Full HIMAA Conference ¹ (27/10/2010 – 29/10/2010) *** Promotion Discount for HIMAA members. For each new member you have recruited from 1/7/2009, take \$20 off your registration fee.	\$610	\$710	\$445	\$810	\$910
<input type="checkbox"/>	Presenter – Full HIMAA Conference ¹ (27/10/2010 – 29/10/2010)	\$510	\$580	\$415	\$590	\$640
<input type="checkbox"/>	HIMAA New Membership Package ^{1 & 2} (HIMAA Conference & 1 yr membership) (27/10/2010 – 29/10/2010)				\$765	\$840
<input type="checkbox"/>	HIMAA New HIM Graduate package ^{1, 2 & 3} (HIMAA Conference & 1 yr New Graduate membership) (27/10/2010 – 29/10/2010)				\$600	\$685
<input type="checkbox"/>	Single Day Only ⁴ 27/10/10 or 28/10/10 or 29/10/10 (Please indicate day of attendance) (Social Events additional fee)	\$380	\$415	\$315	\$435	\$460
	Additional tickets for Partners/Guest/ Single Day Delegates Only					
<input type="checkbox"/>	Networking Reception only 27/10/2010	\$60	\$70	\$50	\$75	\$80
<input type="checkbox"/>	Conference Dinner only 28/10/2010	\$150	\$160	\$140	\$170	\$180
	Total	\$	\$	\$	\$	\$

- Note:**
1. Includes Morning Tea, Lunch, Afternoon Tea, Networking Reception & Conference Dinner. For catering purpose, please indicate your attendance in the box below.
 2. By choosing this registration you receive full conference registration plus 1 year membership to HIMAA, subject to board approval. For further information regarding HIMAA membership, please go to www.himaa.org.au.
 3. New HIM Graduate package only applies to HIM graduates within 24 months of graduating.
 4. Does not include Networking Reception or Conference Dinner. Includes morning tea, lunch & afternoon tea.

SOCIAL EVENTS:

Will you be attending the following social events (if included in your registration)

- | | | |
|--------------|--|-------------------------------|
| (27/10/2010) | Networking Reception | yes/no (Please circle) |
| (28/10/2010) | Conference Dinner (Sydney Harbour Cruise) | yes/no (Please circle) |
| | Do you want to disembark the Harbour Cruise at the King Street Wharf at the approximate mid point of the cruise (after dinner is served) ? | yes/no (Please circle) |

(Please note: If notification of disembarkation is late, it cannot be guaranteed)

Do you authorise HIMAA to provide your name and contact details to sponsors? **yes/no (Please circle)**

PAYMENT OPTIONS: (ALL PAYMENTS IN AUD)

Payment is required prior to attending this conference in Australian dollars. Credit card payment or bank draft required for Overseas Delegates				
Payment Details	<input type="checkbox"/> Cheque - payable to HIMAA Ltd (Australian Delegates only) <input type="checkbox"/> Bpay - (Needs invoice to be issued)	<input type="checkbox"/> Credit Card – Please charge my credit card for this registration Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX A 2 % surcharge applies for credit card payments		
	<input type="checkbox"/> Please Invoice me Billing name _____ Position/Department _____ Organisation _____ Postal Address _____ _____	Card Number _____	Expiry Date ____/____	
	Tax Invoice ABN 54 008 451 910	Full name as on card _____	Signature of cardholder _____	Date ____/____/2010

Send to	Fax +61 2 9887 5895	Mail HIMAA, Locked Bag 2045 North Ryde NSW 1670 Australia	Email himaa@hima.org.au	Phone +61 2 9887 5001
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<p>Cancellation Policy</p> <p>All cancellations must be notified in writing to HIMAA National Office. Cancellations received on or before 1st September 2010, will be accepted and fees refunded less AUD\$100 administration fee. Cancellations after 1st September 2010, cannot be accepted, however transfer to another person may be made at any time. Please advise HIMAA in writing details of the substitution. No refunds will be given for non-attendance.</p>	<p>Privacy Statement</p> <p>HIMAA is committed to your privacy. All information collected on this registration will be held in the strictest of confidence and in accordance with the Privacy Act 1988. Your information will be held on a secure database. This will be used to contact you primarily for ongoing research, product development and notice of future events and services offered by Health Information Management Association of Australia. If you do not wish to receive such information please tick <input type="checkbox"/>.</p>
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