

**OHNNG
REGISTRATION
FORM
MARCH 28TH -30^H
2010**



**RETURN TO
COURSE CONVENOR**
The Queen Elizabeth
Hospital, ENT Department 4th
Floor Maternity Building
28 Woodville Rd
Woodville South
SA 5011

PLEASE PRINT CLEARLY

Surname: _____ Given Name : _____ Title: _____

Address: _____

Telephone: _____ Email: _____

REGISTRATION FEES PRIOR TO FEBRUARY 28th 2010		TOTAL
<input type="checkbox"/> EARLY BIRD MEMBER FULL		\$420.00
<input type="checkbox"/> Sunday Only		\$185.00
<input type="checkbox"/> Monday Only		\$185.00
<input type="checkbox"/> Tuesday Only		\$185.00
<input type="checkbox"/> EARLY BIRD NON MEMBER FULL		\$480.00
<input type="checkbox"/> Sunday Only		\$200.00
<input type="checkbox"/> Tuesday Only		\$200.00
<input type="checkbox"/> Monday Only		\$200.00
REGISTRATION FEES AFTER FEBRUARY 28th 2010		
<input type="checkbox"/> OHNNG MEMBER FULL		\$460.00
<input type="checkbox"/> Sunday Only		\$200.00
<input type="checkbox"/> Monday Only		\$200.00
<input type="checkbox"/> Tuesday Only		\$200.00
<input type="checkbox"/> NON-OHNNG MEMBER FULL		\$500.00
<input type="checkbox"/> Sunday Only		\$240.00
<input type="checkbox"/> Monday Only		\$240.00
<input type="checkbox"/> Tuesday Only		\$240.00
FUNCTIONS		
<input type="checkbox"/> OHNNG conference dinner-	Monday	\$ 60.00
<input type="checkbox"/> ASOHNS Welcome reception-Saturday		\$ 65.00
<input type="checkbox"/> ASOHNS conference dinner-	Tuesday	\$150.00
<input type="checkbox"/> Membership Renewal 2010-11		\$30.00
TOTAL		\$.....
<p>* Payment by Cheque. Please make cheque payable to "OHNNG" **EFT: NAB (National Australian Bank) BSB 085-005 Account No 82-087-6622 Reference "OHNNG SYDNEY" (include surname as point of reference) ***Please fill out Registration form and either send or fax 08 82227419 to "Course convenor" for conformation of registration and receipt regardless of payment option (ALL PRICES AUSTRALIAN DOLLARS & GST INCLUSIVE) REGISTRATION ON THE DAY WILL INCUR A \$40.00 (DAY)-\$80.00 (FULL) FEE</p>		