

# 7th Australasian Conference on Safety and Quality in HealthCare

## Bridging the Gap

### REGISTRATION FORM

Registration via the online registration form at [www.aaqhc2009.org.au](http://www.aaqhc2009.org.au) is preferred.

7th Australasian Conference on  
Safety and Quality in Health Care  
7-9 September 2009  
Sydney Convention and Exhibition Centre  
Darling Harbour Sydney, Australia

**Please print clearly or type and keep a photocopy of this form for your records. The information submitted will be reproduced in the Delegate List at the Conference and will be used for all mailings. Please ensure the information you complete is correct.**

Please complete the form and mail immediately with your cheque payable to AAQHC 2009 Conference.

Send this form and payment to:  
AAQHC 2009 Conference Managers  
GPO Box 128 SYDNEY NSW 2001, AUSTRALIA  
Fax: + 61 2 9267 5443

#### A. DELEGATE

DELEGATE \_\_\_\_\_

TITLE  Mr  Mrs  Ms  Miss  Dr  Prof  Other (please tick)

FAMILY NAME \_\_\_\_\_

GIVEN NAME \_\_\_\_\_

ORGANISATION / ASSOCIATION \_\_\_\_\_

POSITION \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY/SUBURB \_\_\_\_\_ STATE \_\_\_\_\_

COUNTRY \_\_\_\_\_ POSTCODE / ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

MOBILE PHONE \_\_\_\_\_

FAX \_\_\_\_\_

EMAIL (2 addresses preferred) \_\_\_\_\_

PREFERRED NAME ON NAME BADGE \_\_\_\_\_

#### B. REGISTRATION FEES

NOTE: All fees include the 10% Goods and Services Tax (GST).

NB: the first 400 registrations will receive a copy of the AAQHC 2008 Conference Proceedings, valued at \$80.

Category	Early Bird Registration Before 27 May 2009	Late Registration After 27 May 2009
AAQHC Full Member Registration	\$985.00	\$1,125.00
Non-Member Full Registration	\$1,165.00	\$1,285.00
AAQHC Day Member Registration	\$390.00	\$490.00
Non-Member Day Registration	\$470.00	\$570.00
Consumer Full Registration*	\$550.00	\$650.00
Author Full Registration	\$950.00	\$1,125.00
Author Day Registration	\$390.00	\$490.00

\*Consumer registrations are available for anyone not employed in the health care industry. Consumer registrations do not include the Conference proceedings.

If you are registering for a day, please tick which day you will be attending:

Monday 7 September 2009  Tuesday 8 September 2009

Wednesday 9 September 2009

**Please note: Confirmation of your registration will be sent to you within 10 working days from receipt of your registration form.**

#### B. SUB-TOTAL REGISTRATION FEE: \$

#### C. ACCOMMODATION

- A minimum one night's deposit must be paid or credit card details given at time of booking to guarantee reservation
  - Deposit is non-refundable at 3 August 2009
  - Bookings made on or after 3 August 2009 must be secured with credit card details.
  - Cancellations must be notified in writing to the Conference Managers.
- Hotel and Deposit Requirements

Star Rating	Hotel	Room Type	Room only rate per room per night	Room & breakfast rate per room per night	Number of nights required	Deposit
4.5	Novotel Sydney on Darling Harbour	Pyrmont View Room <input type="checkbox"/> SGL	A\$249.00	A\$269.00		
		Pyrmont View Room <input type="checkbox"/> DBL <input type="checkbox"/> TWN	A\$249.00	A\$289.00		
		Harbour View Room <input type="checkbox"/> SGL	A\$279.00	A\$299.00		
		Harbour View Room <input type="checkbox"/> DBL <input type="checkbox"/> TWN	A\$279.00	A\$319.00		
4.5	Oaks Goldsbrough Apartment Darling Harbour	Studio Room <input type="checkbox"/> SGL <input type="checkbox"/> DBL <input type="checkbox"/> TWN	A\$183.00	N/A		
		One Bedroom Apartment <input type="checkbox"/>	A\$205.00	N/A		
		Two Bedroom Apartment <input type="checkbox"/>	A\$326.00	N/A		
3.5	Hotel Ibis Darling Harbour	Pyrmont View Room <input type="checkbox"/> SGL	A\$179.00	A\$194.00		
		Pyrmont View Room <input type="checkbox"/> DBL <input type="checkbox"/> TWN	A\$179.00	A\$209.00		
		Harbour View Room <input type="checkbox"/> SGL	A\$209.00	A\$224.00		
		Harbour View Room <input type="checkbox"/> DBL <input type="checkbox"/> TWN	A\$209.00	A\$239.00		
3.5	Metro Hotel Sydney Central	Standard Room <input type="checkbox"/> SGL	A\$149.00	A\$167.00		
		Standard Room <input type="checkbox"/> DBL <input type="checkbox"/> TWN	A\$155.00	A\$191.00		

Please indicate below whether you wish to pay for your entire stay:

Yes, I wish to pay for my entire stay now

No, I only wish to pay the one night's deposit now

#### Apartment Room Requirements

Studio Room (1 double bed)

Studio Room (2 single beds)

1 Bedroom Apartment (1 double bed)

2 Bedroom Apartment (1 double and 2 single beds)

2 Bedroom Apartment (2 double beds)

If your first preference of hotel, as indicated above, is not available, the Conference managers will secure your accommodation at another hotel. Please indicate your second preference:

Second preference \_\_\_\_\_

I do not require the Conference managers to book accommodation for me. I have made my own arrangements. I will be staying:

Name of Hotel \_\_\_\_\_

With friends or family

Important - Please complete this section

**Arrival/Check in Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Estimated Time of Arrival \_\_\_\_\_

**Departure/Check out Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Estimated Time of Departure \_\_\_\_\_

I wish to guarantee early check in by pre-booking and paying for the previous night on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I will be sharing this room with \_\_\_\_\_

Special Requirements e.g. smoking/ non smoking room (subject to availability) \_\_\_\_\_

**C. SUB-TOTAL ACCOMMODATION: \$**

**D. INCLUDED SOCIAL PROGRAM**

Please note: All fees include the 10% Goods and Services Tax (GST). The following events are included in the Registration Fee for Delegates. If you require additional tickets please complete this section:

Event	Cost per ticket	Number of tickets required	Total Cost
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Welcome Reception \$70.00

**D. SUB-TOTAL ADDITIONAL SOCIAL TICKET: \$**

**E. OPTIONAL SOCIAL PROGRAM**

The following events are optional and not included in the Registration Fee for. If you require tickets for these events please complete this section.

Event	Cost per ticket	Number of tickets required	Total Cost
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Conference Dinner \$125.00

**E. SUB-TOTAL OPTIONAL SOCIAL TICKET: \$**

**I. SPECIAL NEEDS / DIETARY REQUIREMENTS**

If you have any special needs please specify. Every attempt will be made to meet your requirements, however this may not be possible in every case.

Special Requirements: \_\_\_\_\_

**J. MARKETING INFORMATION**

Where did you hear about the Conference?

- Industry Colleagues
- Australasian Association for Quality in Health Care
- Conference E-mail
- Conference direct mail/brochure
- Internet search
- Promotion at the AAQHC 2008 Conference
- Advertisement in the AAQHC Journal
- Sponsor/exhibitor
- Conference Ambassador / Representative
- Other (Please state) \_\_\_\_\_

What is your main reason for attending the 7th Australasian Conference on Safety and Quality in Health Care (tick one only)

- Scientific/Business Program
- Social events
- Trade Exhibition: meet new suppliers/investigate new products/services
- Other (Please state) \_\_\_\_\_
- Networking
- Destination/Holiday

How many conferences do you attend per year?

- 1 – 3
- 4 – 7
- 7 – 12
- More than 12

What industry sector do you represent?

- Private/Not for Profit Health Sector
- Mental Health Sector
- Primary Health Care Sector
- Volunteers
- Consumers
- Other (Please state) \_\_\_\_\_
- Government Health Sector
- Aged Care Sector
- University Sector
- Community Sector

How would you describe your position in your company?

- MD / CEO / Chairman / President / COO / Main Board
- Owner / Partner / Associate
- Middle Management
- Secretary / Support Staff
- Other (Please state) \_\_\_\_\_
- Senior Management
- Officer/ Co-ordinator

**K. PRIVACY**

YES – I consent to receiving information from Tour Hosts Pty Limited or other organisations on related products or services from time to time.

No, I do not consent

YES – please include my details as given in this form (and any subsequent amendment) in the Delegate List produced for the Conference which will be supplied to organising bodies, sponsors, exhibitors and all delegates attending the Conference.

No, please do not include my details in the Delegate List.

**L. PAYMENT AND CONDITIONS**

Section B	Registration Fee	\$
Section C	Accommodation	\$
Section D	Included Social Program	\$
Section E	Optional Social Program	\$

**TOTAL FEES ENCLOSED: \$**

Please note: Registrations will not be processed or confirmed until payment in full is received.

I have read and agree to all the conditions outlined in this registration brochure.

Please find enclosed cheque/money order payable to AAQHC 2009 Conference. OR

Please ensure your name and address is printed clearly on the back.

Please charge the total amount at H to the following credit card

MasterCard  Visa Card  American Express  Diners Club

Please note all transactions by credit card will appear on your statement as payment to: Conference by THPL

We do not accept payment by EFT (electronic funds transfer).

Credit card number \_\_\_\_\_

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Name on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

NOTE: Your registration will not be processed or confirmed if payment is not forwarded with this form.