



A Critical Care Conference in the Vineyards

14th Annual
Critical Care Conference in the Vineyards
30th – 31st May 2019
Crowne Plaza Hunter Valley, NSW
www.criticalcarevineyards.com.au

REGISTRATION FORM Page 1 of 2

Please complete one form for each delegate.

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Other:		First Name:	Surname:
Preferred Name on Name Badge:			
Position:			
Organisation:			
Postal Address:			
Suburb:	State:	Postcode:	
Daytime Phone:	Mobile:		
Email:			
Special requirements eg diet, access :			
<input type="checkbox"/> Please tick this box if you do not want your details to appear on the list of delegates which will be given to conference sponsors (will include name, position, organisation and email address)			

TAX INVOICE All prices are listed in Australian dollars and include GST. ABN 56 515 955 798
Once paid, this registration form is recognised by the Australian Taxation Office as a compliant Tax Invoice.

CONFERENCE REGISTRATION	'Earlybird' Registration <i>(by 29th March)</i>	Regular Registration <i>(after 29th March)</i>	Total
Full Registration Includes all Conference Sessions, morning teas, lunches, afternoon tea and one ticket to the Cocktail Evening	\$410	\$420	\$
Full Registration (not including Cocktail Evening) Includes all Conference Sessions, morning teas, lunches, afternoon tea	\$330	\$330	\$
Presenter Full Registration Includes all Conference Sessions, morning teas, lunches, afternoon tea and one ticket to the Cocktail Evening	\$210	\$210	\$
Presenter Full Registration (not including Cocktail Evening) Includes all Conference Sessions, morning teas, lunches, afternoon tea	\$150	\$150	\$
Day Registration <input type="checkbox"/> Thursday or <input type="checkbox"/> Friday	\$205	205	\$
Presenter Day Registration <input type="checkbox"/> Thursday or <input type="checkbox"/> Friday	\$105	\$105	\$
TOTAL REGISTRATION FEES			\$

SOCIAL FUNCTION TICKETS	Number of tickets	Cost per ticket	Total
Compassion for Resilience - Wednesday 29th Optional extra, not included in any of the registration fees. Includes presentation, wine & cheese platters.		\$50	
Additional ticket – Cocktail Evening - Thursday 30th Additional tickets for day delegates, partners and guests Includes drinks, canapés and DJ entertainment.		\$100	\$
TOTAL SOCIAL FUNCTIONS			\$



A Critical Care Conference in the Vineyards

14th Annual
Critical Care Conference in the Vineyards
30th – 31st May 2019
Crowne Plaza Hunter Valley, NSW
www.criticalcarevineyards.com.au

DELEGATE REGISTRATION FORM Page 2 of 2

ACCOMMODATION BOOKING

The deadline for accommodation bookings via this registration form is Friday 26th April 2019 (subject to availability).

For detailed property and room descriptions, please refer to the conference website www.criticalcarevineyards.com.au. Please read accommodation bookings and conditions before making your booking. All bookings are subject to availability.

Hotel	Room Type	Room Rate (per night)	Check In Date	Check Out Date	Number of Nights
Crowne Plaza Hunter Valley	<input type="checkbox"/> Deluxe Hotel Room (includes one breakfast)	<input type="checkbox"/> \$234			
	<input type="checkbox"/> Two Bedroom Villa (includes two breakfasts)	<input type="checkbox"/> \$369			
	<input type="checkbox"/> Three Bedroom Villa (includes three breakfasts)	<input type="checkbox"/> \$449			
TOTAL ACCOMMODATION: (Full payment required)					\$

Sharing with: _____

PAYMENT DETAILS

Registration Fee Total:	\$
Social Functions Total:	\$
Accommodation Total:	\$
TOTAL TO PAY:	\$

PAYMENT OPTIONS

Cheque

or money order enclosed (payable to: 'Critical Care Conference in the Vineyards') - or

Electronic Deposit

(BSB: 082-356 Account Number: 40-142-0313

Account Name: Critical Care Conference in the Vineyards) Please email remittance as soon as deposit has been made - or

Credit Card Payment (1.5% credit card surcharge fee applies)

Card Type (please tick): MasterCard Visa

Card Number: _____

Expiry Date: _____ / _____ CVV: _____

Name on Card: _____

Signature of card holder: _____

Please return form to:

**Critical Care Conference in the Vineyards Managers
East Coast Conferences**

PO Box 848 COFFS HARBOUR NSW 2450

Phone: +61 2 6650 9800

Fax: +61 2 6650 9700

Email: jayne@eastcoastconferences.com.au

Please ensure you have read and understand the Registration Conditions outlined on the conference website before submitting this registration form.

www.criticalcarevineyards.com.au