

General Practice Education and Training Convention Hilton Adelaide 2-3 September 2009

TRADE EXHIBITION / SPONSORSHIP REGISTRATION FORM

TAX INVOICE

ABN 93 835 779 670

ALL PRICES INCLUDE GST

OFFICE USE ONLY: ID no. _____ Reg no. _____ Date: _____

Please return your completed form together with payment to: On Q Conference Support (Principal Doreen Culliver),
PO Box 3711, Weston ACT 2611 Tel: 02 6288 3998 Fax: 02 6161 4719 Email: gpet@onqconferences.com.au

1. Registration Details

Organisation: _____ Position: _____

Title: _____ Name: _____ Surname: _____

Representative 1 - Name to appear on name badge: _____

Mailing Address: _____

City: _____ State: _____ Postcode: _____

Country: _____ Email: _____

Tel: _____ Fax: _____

Please note any special requirements (dietary/disability): _____

Representative 2 - Title: _____ Name: _____ Surname: _____

Name to appear on name badge: _____

Position: _____ Tel: _____

Please note any special requirements (dietary/disability): _____

Additional Representatives may attend @\$380 per person, (incl. GST). Please refer to the Sponsorship/Exhibit Brochure for more information.

Please photocopy form if more than two representatives are attending

2. Category Prices include GST

Yes I wish to register for:

Exhibition Booth (AUD\$3,450) Total number of booths: _____ Preferred location: 1. _____ 2. _____ 3. _____

Yes, I would also like to donate a prize for the return of completed passports

Description of prize _____

Satchel Inserts (brochure or promotional material) (AUD\$550)

Sponsorship of:

Dinner Sponsor (\$10,000)

Convention CD (\$5,000)

Program and Book of Abstracts (\$8,800)

Satchel Sponsor (\$5,500)

Name Badge and Printed Lanyard \$5,500

Lunch Sponsor (\$3,800 per day)

Morning & Afternoon teas (\$3,200 per break) No of breaks: _____

3. Payment Details (Payment must be in Australian dollars)

I/we understand that full payment is required to register for satchel inserts and sponsorship. A deposit of \$1100 is required to register for an exhibition booth with balance required by 30 July 2008

Please tick payment type:

AMEX VISA BANKCARD MASTERCARD CHEQUE (to be made payable to On Q Conference Support) DIRECT DEPOSIT

BSB: 062 912
ACCOUNT No: 1015 3163
On Q Conference Support

Credit Card Number: _____ / _____ / _____ / _____

Name of Cardholder: _____

Signature of Cardholder: _____

Expiry Date: _____ / _____

AMOUNT ENCLOSED: \$ _____