

Australasian Pancreatic Club (APC) and Sydney Upper Gastrointestinal Surgical Society (SUGSS) Joint Meeting

15th - 16th October, 2011

Conference Venue:
Swiss Grand Hotel, Bondi, Sydney, Australia

REGISTRATION FORM

Please email completed form to Mrs Claudia Calero: claudia.calero@sswahs.nsw.gov.au

1. REGISTRANT INFORMATION:				
Surname:		Name:		
Degree(s)	<input type="checkbox"/> MBBS	<input type="checkbox"/> PhD	<input type="checkbox"/> MBBS, PhD	<input type="checkbox"/> Other (please specify):
Department:				
Institution:				
Mailing Address:				
City/State/Province:		Zip/Postal Code:	Country:	
Telephone:		Fax:		
Email Address(s):				
2. APC REGISTRATION / MEMBERSHIP FEES: All fees must be remitted in AUD (Australian Currency)				
Type			Cost	
<input type="checkbox"/> Registration: Consultant/Senior Researcher			\$100	
<input type="checkbox"/> Registration: Trainee/Student			\$50	
<input type="checkbox"/> APC membership *: Students / Early Career Researchers			\$50	
<input type="checkbox"/> APC membership *: Consultant / Senior Researcher			\$100	
<input type="checkbox"/> Abstract Publication Fee (if box is ticked abstract will be published in Pancreatology)			\$20	
<input type="checkbox"/> Conference Dinner (15 th October)			Number of Tickets =	
Dietary Requirements:			\$100	
<small>* APC membership includes online subscription to Pancreatology.</small>				
3. PAYMENT (PLEASE TICK ONE ONLY)			TOTAL AMOUNT REMITTED: \$	
<input type="checkbox"/> By Personal Cheque			<u>Instructions</u> Paying by credit card: Fax this registration form to +61 2 9828 3850 Paying by cheque: 1. Payable in Australian Dollars (AUD) to Australasian Pancreatic Club 2. Send Registration Form and Cheque to: Australasian Pancreatic Club c/- Mrs Claudia Calero SWS Clinical School Locked Bag 7108, Liverpool BC NSW 1871, Australia Paying by Electronic Fund Transfer (EFT): Australasian Pancreatic Club Commonwealth Bank Bondi Branch – BSB 062 124 Account No. 10547548 Quote Ref: Your full name	
<input type="checkbox"/> Funds to be electronically transferred (EFT) Please e-mail p.phillips@unsw.edu.au (instructions as per right-hand box)				
By Credit Card: <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa				
Credit Card Number: _____				
Expiry Date (mm/yy): _____				
Name as it appears on Card: _____				
Security code (last 3 numbers on the signature strip) _____				
Signature: _____				

For more information, contact:

Dr Phoebe Phillips – Phone: +61 2 9385-2785/Fax: +61 2 9828 3850/Email: p.phillips@unsw.edu.au or
visit Australasian Pancreatic Club website: www.pancreas.org.au – Email: info@pancreas.org.au