ANZSGM NSW/ACT Branch
Spring Retreat 2010
Registration Form

I will be attending the NSW/ACT Branch
Spring Retreat 2010 at Crowne Plaza Hunter Valley 10 – 12 September 2010

Name: _____

I am a trainee Yes / No

Organisation: _____

Postal address for receipt: Street _____

Suburb _____ Post Code _____

Contact Number: _____

	Member	Advanced Trainee	Totals
Registration:	$395.00	No charge	
		Total payment enclosed	$

Accommodation to be booked direct with the Crowne Plaza Hunter Valley, at time of registration by calling 4991 0970 and quoting "ANZSGM".

Partner attending Dinner (Fri): Yes / No
Partner attending Lunch (Sat): Yes / No

Number of children [+age(s)]: _____

Children attending Dinner (Fri): Yes / No
Children attending Lunch (Sat): Yes / No

☐ Direct deposit:
ANZSGM (NSW) BSB: 032-024 Acct: 52-2336
Pls quote your full name as a reference
or
☐ Cheque payable to:
"Australian & New Zealand Society for Geriatric Medicine - NSW/ACT Branch"
Please complete and send to:

Vicky Smith
Prince of Wales Medical Research Institute
ANZSGM
PO Box 82
St Pauls NSW 2031
Fax: 02 9399 1204