



realise
your
potential

Dynamic Growth Congress

Brisbane Convention and Exhibition Centre
19 - 21 February 2010

Registration Form

HOW TO REGISTER

- Register by Fax: +61 7 3808 8109
- Register by mail: Australian Spinal Research Foundation, PO Box 1047 Springwood Qld 4127 AUSTRALIA
- Full payment must accompany your registration
- Your registration receipt will be mailed prior to the Congress
- For further information email: info@spinalresearch.com.au or phone: +61 7 3808 4098

REGISTRATION INCLUDES

- Admission to ALL four Congress Sessions
- Morning and Afternoon Tea on Saturday
- Stand Up Buffet Luncheon on Saturday
- Morning Tea on Sunday
- Admission to Dynamic Growth Congress Exhibition
- 1 ticket for the Saturday Night Ball

REGISTRATION FEES All prices are in Australian dollars

	Early Bird Price Prior to 7 December 2009	Full Price After 7 December 2009
DC Member	\$747	\$897
DC Non-Member	\$847	\$997
CA, Partner, Patient, 1 st Year DC, Others	\$647	\$747
Student (Includes 1 Ball Ticket)	\$349	\$449
Student Economy (Excludes Ball Ticket)	\$199	\$299
Extra Lunch Tickets \$50.00		Extra Ball Tickets \$150.00

- Group Discounts: Practice Teams (same practice location) 4-7 delegates 5%; 8+ delegates 10%
- Cancellation Fee of \$50 applies up to 5pm 5 February 2010 (balance refundable) • No Refunds after 5pm 5 February 2010

EXTRA INFORMATION

- Logistics Team and Speakers need to include payment for Team Dinner
- You can reserve extra Saturday Ball or Luncheon tickets (refer note over page)
- Registrations can be transferred at any time at equal delegate classification
- Your Dynamic Growth Congress registration receipt will be mailed to you

CONGRESS SPONSOR



GOLD SPONSORS



Dynamic Growth Congress Registration Form

NAME TO APPEAR ON BADGE Please print all details clearly and complete all requested information

Title (Dr/Mr/Mrs/Ms/Miss) Preferred First Name: Surname:

Please tick DC 1st Year CA Student Other:

Practice Name:

Office Phone:..... Fax:..... Mobile:

Home Phone: Email:.....

Postal Address:.....

City:..... State:..... Postcode:

Students Only: College/University..... Study Year:

Delegate Registration: AU\$.....

LIST TEAM MEMBERS ATTENDING DYNAMIC GROWTH CONGRESS 2010 Please use separate sheet if necessary

DC/CA/Student/1 st Year	Title (Dr/Mr/Mrs/Ms/Miss)	Preferred First Name	Surname	Team Registration
.....	AU\$.....
.....	AU\$.....
.....	AU\$.....

OTHER ATTENDANCE Please indicate your definite attendance at:

The Ball (Saturday Night) Please tick Yes No

The FREE Student Workshop (Friday Morning) Please tick Yes No

CHILDREN The Baby Room facilities are available only to parents with children aged two years and below. Children are not allowed into the Seminar Rooms.

Do you wish to take advantage of our specially equipped Baby Room Facilities? Please tick Yes No

DIETARY REQUIREMENTS Please tick from the available options if applicable.

Vegetarian Vegan Gluten Free Food Allergy:.....

Name/s:.....

EXTRA TICKETS FOR FUNCTIONS

Additional Buffet Luncheon: Name/s:..... @ \$50.00 per person AU\$.....

Additional Ball Ticket: Name/s:..... @ \$150.00 per person AU\$.....

Team Dinner - Friday 7.00pm: Name/s:..... @ \$60.00 per person AU\$.....

PAYMENT DETAILS Please make all cheques/money orders payable to Australian Spinal Research Foundation.

I would like to pay by: Please circle Cheque / Money Order / MasterCard / Visa / AMEX

Card No: Expiry Date:

Cardholder's Name:..... Cardholder's Signature:.....

TOTAL PAYMENT: AU\$.....

Privacy Act: By registering for this event I accept my contact details may be provided to sponsors and exhibitors associated with this event.

