Neurosurgical Society of Australasia

Correspondence to:
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TRAINING SEMINAR – FUNCTIONAL, EPILEPSY AND PAIN
REGISTRATION FORM

RETURN FAX + 61 3 9642 5611 OR E-MAIL SET.NEUROSURGERY@NSA.ORG.AU

CLOSING DATE 18 JANUARY 2017

NAME: _____

REGISTRATION

☐	I am a SET Program trainee **and** a Provisional Member of the NSA	$ NIL
☐	I am a SET Program trainee **but not** a Provisional Member of the NSA	$ 550
☐	I am an International Medical Graduate with a current specialist assessment	$1,100
☐	I wish to purchase a ticket to attend the dinner on Wednesday 26 April 2017	$ 50
☐	I wish to purchase an additional ticket to bring my partner to the dinner	$ 50

Dietary requirements: _____

ACCOMMODATION BOOKING

The venue for the training seminar is the Sofitel Brisbane Central, Brisbane. If you wish to make a reservation at the special group rate of **$245.00 per room, per night (including breakfast for one guest in restaurant)** please complete the following booking details and provide your credit card details in the payment section.

Room Type: ☐Single (one person occupancy) ☐Double (two persons occupancy) ☐Twin (room comprising two beds)

Checking In: _____ / _____ / 2017

Checking Out: _____/ _____ / 2017

Special requests: _____

Please note: Cancellations after 18 January 2017 are nonrefundable. Your credit card details will be provided to the Hotel for processing to secure your booking on 18 January 2017. Room availability is limited so please return your form as soon as possible.

PAYMENT DETAILS

Registration Fees	$_____
Dinner Fees	$_____
Accommodation Booking	$_____
Total	**$**_____

Please process payment for the fees above to the following credit card and forward my credit card details to the Hotel to secure my accommodation booking (if applicable) as outlined in this booking form.

☐MasterCard ☐Visa ☐ American Express ☐ Diners Club

Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry: ☐☐☐☐

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

All prices quoted are in Australian dollars, inclusive of GST