

Conference Registration Form



AIMBI NSW Conference
Celebrating 40 years of AIMBI
Harbourview Hotel, North Sydney
17 Blue St, North Sydney
Friday 4th November 2016

First Name _____ Last Name _____

Organisation (if applicable) _____ Position _____

I am an AIMBI Member ☐ I am NOT an AIMBI Member ☐

Mailing Address No. _____ Street _____

PO Box _____ Suburb _____

State _____ Post Code _____

Phone Contact _____ Email _____

***Conference attendance:** \$130 ☐ (includes morning tea, lunch and afternoon tea)

*I would like to present a paper: ☐ (please confirm and advise re topic by 14th October 2016)

Dinner attendance:

*As conference delegate \$50 ☐

*As NON conference delegate \$85 ☐

Dietary Requirements for Conference (morning tea lunch and afternoon tea) and Dinner

Vegetarian ☐ Vegan ☐ Gluten Free ☐ Dairy Free ☐ Other ☐ (please specify) _____

*I am interested in attending a social event on Saturday 5th November ☐

TOTAL PAYMENT Conference / Dinner \$ _____

Payment option: Cheque ☐ EFT ☐

Please return by 26th October 2016

Email to: john.yeats@health.NSW.gov.au

Mail to: John Yeats

Photography Department

Level 2 Cnr Hawkesbury Rd and Hainsworth Street

Locked Bag 4001

Westmead NSW 2145

Payment Details

Cheque

Make payable to: **Australian Institute of Medical and Biological Illustration NSW**

Mail to: John Yeats

Photography Department

Level 2 Cnr Hawkesbury Rd and Hainsworth Street

Locked Bag 4001

Westmead NSW 2145

EFT payment:

Account Name: AIMBI NSW

BSB 032-297

Account Number: 210856

For Recipient Description/reference please type your last name followed by first initial

e.g., John Smith SmithJ

