



# STATE CONFERENCE 2010

## EDUCATION INTO PRACTICE

### CONFERENCE REGISTRATION FORM

Day Surgery Nurses Association  
P.O. Box 3256  
St Pauls NSW 2031

ABN 14 909 560 342

(Please Print Clearly)

Name : ( First) \_\_\_\_\_ (Last) \_\_\_\_\_

DSNA Membership Number: \_\_\_\_\_ Non Member [please tick]: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Day Surgery Facility / Hospital: \_\_\_\_\_

Position: \_\_\_\_\_

Special dietary requirements: \_\_\_\_\_

	AMOUNT	TOTAL
<b>EARLY BIRD Registration received by the 31<sup>st</sup> July 2010:</b> [Please circle]	\$ _____:_____	
MEMBER - \$130.00 / NON MEMBER - \$150.00 / ADMIN STAFF - \$70.00		
<b>Registration received from 1<sup>st</sup> August to the 1<sup>st</sup> of September 2010:</b> [Please circle]	\$ _____:_____	
MEMBER - \$150.00 / NON MEMBER - \$170.00 / ADMIN STAFF - \$90.00		
<b>PLEASE NOTE:</b> IF YOU ARE NOT A MEMBER AND WISH TO JOIN WHEN YOU REGISTER FOR THE CONFERENCE, YOU PAY MEMBER RATES FOR THE CONFERENCE. [Please circle] 1 YEAR - \$60 / 3 YEARS - \$165	\$ _____:_____	\$ _____:_____

### REGISTRATIONS CLOSE WEDNESDAY 1<sup>ST</sup> SEPTEMBER 2010.

Please note: Registrations cannot be accepted on the day.

**PLEASE NOTE:  
EARLYBIRD DATE REVISED**

**CANCELLATION POLICY:** Cancellation of Conference registration can be made up to 1<sup>st</sup> September 2010 with a refund minus a \$50 administration fee. For cancellations after the 1<sup>st</sup> Sept, no refund will be made.

**TO REGISTER:** Complete the registration details, enclose payment or credit card details and mail to:  
DSNA Conference P.O. Box 3256 St Pauls NSW 2031

To register by fax: Complete the registration details, include credit card details and fax to: 02 9553 9924

\*\* We will confirm your registration by Email / mail within 5 working days of receipt of payment.

Conference Email: [nswconference@adsna.info](mailto:nswconference@adsna.info)

### PAYMENT DETAILS:

CHEQUE  MONEY ORDER  VISA  MASTERCARD  [we do not accept Diners or AMEX]

CARD NO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_:\_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_ / \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_ (PLEASE PRINT)

SIGNATURE: \_\_\_\_\_