Registration Form

Australian Ophthalmic Nurses Association 29th Annual Conference
June 19th 2010 (Saturday)
Sheraton on the Park
161 Elizabeth Street, Sydney

Name _____

Name to appear on Conference Card _____

Organization _____

Mailing Address _____

_____**Post Code** _____

Phone Number _____ **Mobile** _____ **Fax** _____

E-mail address | | | | | | | | | | | | | | | | | | | | |

MEMBERS: Register early and SAVE!

Early Bird Registration Due by 21st May 2010

Member	**$180.00**	**$_____**

Payment for early bird rates must be made in full by the 21st May 2010

Standard registration

Member	**$200.00**	**$_____**
Non Member	**$270.00**	**$_____**

Membership Subscription $50.00 **(attach membership form)** **$_____**

Total Payment **$_____**

Payment Details

- ☐ Direct deposit: **BSB**: 112-879 **Account Number**: 027866891 **Remitter**: Name (Insert own name)
- ☐ Cheque / money order (payable to **Australian Ophthalmic Nurses Association)**
- ☐ Payment by credit card will be accepted on the day, a 5% fee will be included to cover bank costs. ***Diners and American Express cannot be accepted.***

Cancellations Policy –cancellations must be received in writing. No refunds will be given after 11th of June 2010. Contact the Treasurer Joanna McCulloch (02) 9382 7424 if you need to discuss payment options or cancellation fees. A charge of $100 will be made to any person who states they are coming on the day, and who does not attend, this includes credit card users.

Return Registration Form to: AONA Conference, Box 3292 GPO Sydney 2001
Or fax to: 02 9382 7398