

Conference REGISTRATION

REGISTRATION TYPES:

A – DOCTOR (AMA MEMBER)

B – DOCTOR (NON-AMA MEMBER)

C – DOCTOR IN TRAINING

D – ASSOCIATE CONFERENCE PARTICIPANT

E – NON-CONFERENCE DELEGATE

F – CHILD

Please note that names must match your passport exactly for accurate ticketing.⁺
Please provide a copy of your current passport.

MAIN DELEGATE 1: Registration type: _____ Title: _____ First name: _____
Middle name (all): _____ Surname: _____
Preferred name on name tag: _____ Nationality: _____
Postal address: _____
Suburb: _____ State: _____ Post code: _____
Phone (Home): _____ Phone (Business): _____
Mobile: _____ Email: _____
Tax invoice made out to: _____
Special dietary/medical requirements: _____
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DELEGATE 2: Registration type: _____ Title: _____ First name: _____
Middle name (all): _____ Surname: _____
Preferred name on name tag: _____ Nationality: _____
Postal address: _____
Suburb: _____ State: _____ Post code: _____
Phone (Home): _____ Phone (Business): _____
Mobile: _____ Email: _____
Tax invoice made out to: _____
Special dietary/medical requirements: _____
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DELEGATE/FAMILY 3: Registration type: _____ Title: _____ First name: _____
Middle name (all): _____ Surname: _____
Preferred name on name tag: _____ Nationality: _____
Postal address: _____
Suburb: _____ State: _____ Post code: _____
Phone (Home): _____ Phone (Business): _____
Mobile: _____ Email: _____
Tax invoice made out to: _____
Special dietary/medical requirements: _____
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DELEGATE/FAMILY 4: Registration type: _____ Title: _____ First name: _____
Middle name (all): _____ Surname: _____
Preferred name on name tag: _____ Nationality: _____
Postal address: _____
Suburb: _____ State: _____ Post code: _____
Phone (Home): _____ Phone (Business): _____
Mobile: _____ Email: _____
Tax invoice made out to: _____
Special dietary/medical requirements: _____
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FOR ADDITIONAL FAMILY MEMBERS, PLEASE SUPPLY SAME RELEVANT DETAILS

Note: If selecting family travel, an Orbit World Travel representative will contact you to discuss options directly.

⁺ Reissue fees will apply in the event that ticket details are amended subsequent to ticket issue.

Please see return details for this form overleaf.

Accommodation AND Travel

ACCOMMODATION PREFERENCES

- ☐ Single ☐ Double share (couple) ☐ Family*
☐ Twin share: Name if sharing with friend on separate registration: _____

PREFERRED AIRLINE FOR TRAVEL

- ☐ Emirates ☐ Other: _____

CLASS OF TRAVEL

- ☐ Economy ☐ Premium Economy ☐ Business

Preferred itinerary including dates: _____

PRE AND POST CONFERENCE TOUR PREFERENCES:

- OPTION 1** ☐ Cruising the Med (pre) 7 – 15 Sep 2024
OPTION 2 ☐ Greek Island Hopping (pre) ☐ Greek Island Hopping (post)
OPTION 3 ☐ Türkiye (post) 21 – 27 Sep 2024 ☐ Extension 17 – 30 September 2024
OPTION 4 ☐ Dubai Stopover Experience (pre) ☐ Dubai Stopover Experience (post)
☐ Other? _____

OTHER TRAVEL INFORMATION OR SPECIAL NEEDS:

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DEPOSIT AND PAYMENT DETAILS

Please note \$950 per person deposit for travel is required on receipt of this form.

\$950 x * _____ = \$ _____ .00 deposit

* Total number of travellers including adults and children.

☐ Please charge my credit card:

- ☐ Visa ☐ AMEX ☐ Mastercard

For the amount of \$ _____

Card number: (please print clearly)

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____| CCV: _____ Exp date: _____

Name: _____

Signature: _____ Date: _____

☐ Cheque enclosed for: \$ _____
(payable to Orbit World Travel Pty Ltd)

☐ Direct deposit: contact Orbit World Travel at amaq@orbitworldtravel.com.au

Conference registration will be invoiced separately by AMA Queensland.

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DECLARATION

I acknowledge that I have read and accepted the conditions of this package.
I acknowledge that I will be given a personalised summary of costs from Orbit World Travel on finalisation of my itinerary.

Signature: _____ Date: _____



Early Bird PRIZE

- ▶ Free upgrade to an Executive Acropolis view room.
 - ▶ Free Plaka and Monastiraki tour for two (2) people.
 - ▶ Free Poseidon Temple and Cape Sounion tour for two (2) people.
- Register at the 2023 conference and we will draw a name out at the farewell dinner on Friday 22 September.

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orbit
WORLD TRAVEL

PLEASE RETURN TO ORBIT WORLD TRAVEL:

PO Box 4943, GCMC QLD 9726

PHONE: 1300 262 885

DIRECT LINE: 07 5556 7267

EMAIL: amaq@orbitworldtravel.com.au

Lic No. TAG1502 ABN 920 806 296 989