

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 identification exactly for accurate ticketing.*

Are you interested in the Private Practice Masterclass? (no additional cost) Yes No

If yes, are you a Practice Owner Work in a practice

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: _____



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: _____



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: _____



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: _____



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* Sullivan Cove Apartments
 Twin share: Name if sharing with friend on separate registration: _____

PREFERRED AIRLINE FOR TRAVEL

- Qantas Virgin Jetstar

CLASS OF TRAVEL

- Economy Business

Preferred itinerary including dates: _____

PRE OR POST CONFERENCE TOUR PREFERENCES:

- OPTION 1** Tasmanian Escorted Tour (post only)
OPTION 2 Self Drive Tour **OPTION 3** Walking Tour
OPTION 4 Freycinet Lodge **OPTION 5** Saffire Freycinet
OPTION 6 Barnbougle Dunes Golf Barnbougle Lost Farm Golf
 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)

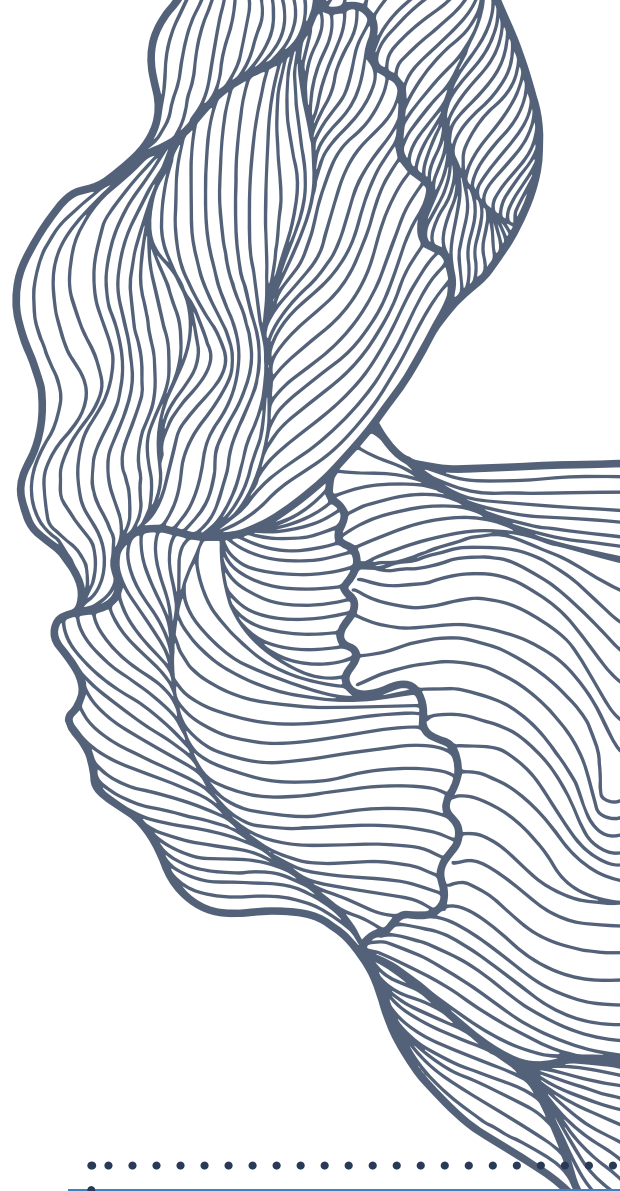
Direct deposit: contact Orbit World Travel at amaq@orbittravel.au

Conference registration will be invoiced separately by AMA Queensland.

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

- ▶ Tasmania Produce Hamper – Valued at over \$500
- ▶ Free Option tour of your choice for 2
- ▶ Register by 30 August 2024



**PLEASE RETURN TO
ORBIT WORLD TRAVEL:**
PO Box 4943, GCMC QLD 9726

PHONE: 1300 262 885

DIRECT LINE: 07 5556 7267

EMAIL: amaq@orbittravel.au

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