



Palliative Care Queensland Biennial State Conference 2010  
**Registration Form**

**DELEGATE REGISTRATION**

Please fill in your name details as you would like them to appear on your name badge.

FIRST NAME \_\_\_\_\_  
 SURNAME \_\_\_\_\_  
 ORGANISATION \_\_\_\_\_  
 POSITION \_\_\_\_\_  
 POSTAL ADDRESS \_\_\_\_\_  
 SUBURB \_\_\_\_\_  
 STATE \_\_\_\_\_  
 COUNTRY \_\_\_\_\_  
 POSTCODE \_\_\_\_\_  
 TELEPHONE (Work) \_\_\_\_\_  
 TELEPHONE (Mobile) \_\_\_\_\_  
 EMAIL \_\_\_\_\_

**SPECIAL NEEDS**

HEALTH/DISABILITY \_\_\_\_\_  
 DIETARY NEEDS \_\_\_\_\_

**REGISTRATION OPTIONS**

All fees include GST and are in AU\$. Please indicate your registration choices by ticking the appropriate boxes below.

<b>Pre-Conference Workshop</b> Ipswich Hospice Care – Hilda’s House Friday May 21 <sup>st</sup> 2010		
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Session	√	Cost
Registration	___	\$140
<i>Please select your preferred workshop:</i>		
Self-Care	___	
Team-Work	___	

<b>Conference Dinner</b> Limestone Room Metro Hotel Ipswich International Friday May 21 <sup>st</sup> 2010		
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Dinner Attendance	___	\$60
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<b>PCQ Biennial State Conference</b> Metro Hotel Ipswich International Saturday May 22 <sup>nd</sup> 2010		
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Conference Registration (non-PCQ member)	___	\$180
Conference Registration (PCQ member)	___	\$160
<b>Total Payable \$</b>	_____	

**PAYMENT DETAILS**

Please select one of the following payment methods:

Direct Transfer BSB 064 012 Act No: 1009 4663 (please use your name as a reference)	√	<input type="checkbox"/>
Cheque Please make all cheques payable to ‘Palliative Care Queensland Inc.’		<input type="checkbox"/>
Credit Card		<input type="checkbox"/>
American Express	<input type="checkbox"/>	
Mastercard	<input type="checkbox"/>	
Visa		<input type="checkbox"/>

Cardholder’s Name \_\_\_\_\_ Cardholder’s Signature \_\_\_\_\_

Card Number

Expiry Date   /

Please forward your completed registration form to Palliative Care Queensland Incorporated:

In Person: 117 Copperfield Street Geebung Qld 4034  
 Mail: PO Box 437 Virginia Qld 4014  
 Fax: (07) 3633 0086  
 Email: [enquiries@palliativecareqld.org.au](mailto:enquiries@palliativecareqld.org.au)