



7th World Congress for NeuroRehabilitation REGISTRATION FORM

Personal Details

Title _____

First Name _____

Family Name _____

Position _____

Organisation _____

Email _____

Address _____

Suburb _____

State _____ Postcode _____

Country _____

Mobile _____

Phone _____

Membership _____

Name of your Hotel (if applicable)

Registration Type

(Please circle)

Full Registration Member \$700 AUD

(WFNR, ASSBI, AFRM)

Full Registration Non Member \$800 AUD

Allied Health/Therapist \$500 AUD

Student Trainee \$350 AUD

(Please ensure you bring student ID)

Additional Trade Representative \$500 AUD

Pre-Congress Workshops

Workshop Number (4) \$100 AUD

Wednesday 16th May 2012, 9am – 12.30pm

Workshop Number Eight (8) \$100 AUD

Wednesday 16th May 2012, 1.30pm – 5pm

Workshop Number (10) \$100 AUD

Wednesday 16th May 2012, 1.30pm – 5pm

Breakfast Sessions

Meet the Editors \$30 AUD

Friday 18th May 2012, 7.30am – 8.30am

Meet the Professor (Part A) \$30 AUD

Friday 18th May 2012, 7.30am – 8.30am

Meet the Professors (Part B) \$30 AUD

Saturday 19th May 2012, 7.30am – 8.30am

Social Activities

Welcome Reception – Main Foyer

Wednesday 16th May 2012, 6pm – 8pm

Cost: Included in registration fee

YES, I will be attending this session.

Additional Ticket Cost \$60 AUD

Additional Adult(s) _____

Gala Dinner – National Galleries Victoria

Friday 18 May 2012, 7.30pm – 11.30pm

Dress: Cocktail

YES, I will be attending this session **\$100 AUD**

Additional Adult(s) _____

Payment Method: AUD

(Please circle)

Credit Card / Eftpos / Cash

Card Details:

MasterCard / Visa / AMEX (3% surcharge)/ Debit Card

Card Number: _____

Expiry Date: ____/____

CVV: _____

Name on Card: _____

Signature: _____

Total Cost: \$ _____

Date Paid: ____/____/____