

Registration Form

The Fourth
Scientific Meeting of the
**Asia Pacific
Menopause
Federation**
26 - 29 September 2010



in conjunction with the
**14th
Australasian
Menopause
Society Congress**
Sydney Australia

Please print clearly or type and keep a photocopy of this form for your records or register online at www.apmf2010.com. The information submitted will be reproduced in the delegate list at the Meeting and be used for all mailings. Please ensure the information you complete is correct.

The preferred method of registration is online. www.apmf2010.com

Alternatively please complete this form and mail immediately with your payment. Cheques are payable to 'APMF 2010 Meeting'.

Forward this form and payment to:
APMF 2010 Meeting Managers
c/o arinex Pty Limited
GPO Box 128 Sydney NSW 2001
Australia
Tel: +61 2 9265 0700
Fax: +61 2 9267 5443
Email: apmf2010@arinex.com.au

A. REGISTRANT DETAILS

Title (please tick)	<input type="checkbox"/> Prof	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other (please indicate)
Family Name							Given Name
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female					
Organisation							
Position							
Postal Address							
City / Suburb						State	
Country						Postcode / Zip	
Telephone (Work)						Mobile Phone	
Fax						Email Address	
Preferred Name on Name Badge							

B. REGISTRATION FEES

NOTE: All fees include the 10% Goods and Services Tax (GST).

Category	Early Registration (before 12 July 2010)	Standard Registration (after 12 July 2010)
A AMS Member - Meeting Registration Only	<input type="checkbox"/> A\$770	<input type="checkbox"/> A\$900
B AMS Member - Meeting and Pre Meeting Update Registration	<input type="checkbox"/> A\$870	<input type="checkbox"/> A\$1000
C APMF Asian Member - Meeting Only	<input type="checkbox"/> A\$800	<input type="checkbox"/> A\$930
D APMF Asian Member - Meeting and Pre Meeting Update Registration	<input type="checkbox"/> A\$900	<input type="checkbox"/> A\$1030
E Delegate Standard - Meeting Registration Only	<input type="checkbox"/> A\$870	<input type="checkbox"/> A\$970
F Delegate Standard - Meeting and Pre Meeting Update Registration	<input type="checkbox"/> A\$970	<input type="checkbox"/> A\$1070
G Nurse/Student Registration* - Meeting Registration Only	<input type="checkbox"/> A\$650	<input type="checkbox"/> A\$690
H Nurse/Student Registration* - Meeting and Pre Meeting Update Registration	<input type="checkbox"/> A\$750	<input type="checkbox"/> A\$790
I Pre Meeting Update Registration Only	<input type="checkbox"/> A\$150	<input type="checkbox"/> A\$150

Please note: Confirmation of your registration will be sent to you within 10 working days from receipt of your Registration Form.

*Nurse/Student Registration	<input type="checkbox"/> I have attached a copy of my identification card
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B. Sub-Total Registration Fees: A\$

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C. ACCOMMODATION

A minimum one night's deposit must be paid or credit card details given at time of booking to guarantee reservation.
 Deposit is non-refundable at 24 August 2010.
 Bookings made after 24 August 2010 must be secured with credit card details.
 Cancellations must be notified in writing to the Meeting Managers.

Hotel and Deposit Requirements

Star Rating	Hotel	Room Type	Rate per room per night	Room & breakfast rate per room per night	Number of nights required	Deposit
5	Star City Hotel & Apartments	2 Bedroom City View Apartment	<input type="checkbox"/> \$380.00	N/A		
		2 Bedroom Pyrmont View Apartment	<input type="checkbox"/> \$360.00	N/A		
		Deluxe Room Harbour View SGL	<input type="checkbox"/> \$320.00	<input type="checkbox"/> \$340.00		
		Deluxe Room Harbour View DBL\TWN	<input type="checkbox"/> \$320.00	<input type="checkbox"/> \$360.00		
		Superior Pyrmont View SGL	<input type="checkbox"/> \$270.00	<input type="checkbox"/> \$290.00		
		Superior Pyrmont View DBL\TWN	<input type="checkbox"/> \$270.00	<input type="checkbox"/> \$310.00		
4.5	Novotel Sydney on Darling Harbour	Harbour View Room SGL	<input type="checkbox"/> \$319.00	<input type="checkbox"/> \$339.00		
		Harbour View Room DBL\TWN	<input type="checkbox"/> \$319.00	<input type="checkbox"/> \$359.00		
		Pyrmont View Room SGL	<input type="checkbox"/> \$289.00	<input type="checkbox"/> \$309.00		
		Pyrmont View Room DBL\TWN	<input type="checkbox"/> \$289.00	<input type="checkbox"/> \$329.00		
4.5	Oaks Goldsbrough Apartments Darling Harbour	Two Bedroom Apartment	<input type="checkbox"/> \$343.00	N/A		
		One Bedroom Apartment	<input type="checkbox"/> \$228.00	N/A		
		Studio Apartment	<input type="checkbox"/> \$208.00	N/A		
3.5	Hotel Ibis Darling Harbour	Harbour View Room SGL	<input type="checkbox"/> \$219.00	<input type="checkbox"/> \$234.00		
		Harbour View Room DBL\TWN	<input type="checkbox"/> \$219.00	<input type="checkbox"/> \$249.00		
		Pyrmont View Room SGL	<input type="checkbox"/> \$189.00	<input type="checkbox"/> \$204.00		
		Pyrmont View Room DBL\TWN	<input type="checkbox"/> \$189.00	<input type="checkbox"/> \$219.00		

Please indicate whether you wish to pay for your entire stay

Yes, I wish to pay for my entire stay now

No, I only wish to pay the one night's deposit now

Apartment Room Requirements

1 Bedroom Apartment (1 double bed) 2 Bedroom Apartment (1 double and 2 single beds) 2 Bedroom Apartment (2 double beds)

I do not require the Meeting Managers to book accommodation for me. I have made my own arrangements. I will be staying:

(name of hotel)

With friends or family Local resident

Important - Please complete this section

Arrival/Check in Date / / Estimated Time of Arrival

Departure/Check out Date / / Estimated Time of Departure

Please note that most hotels' check in time is 3.00pm.

If you wish to guarantee check in prior to 3.00pm, you will need to pre-register, which is to book and pay for the previous night.

I wish to pre-register room for early arrival on / / at hours

I will be sharing this room with

Special Requirements e.g. smoking/non smoking room (subject to availability)

C. Sub-Total Accommodation: A\$



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D. SOCIAL PROGRAM NOTE: All fees include the 10% Goods and Services Tax (GST).

The following event is **included** in the Registration Fee. If you require **additional** tickets please complete this section:

Event	Cost per ticket	Number of tickets required	Total Cost
Welcome Reception	A\$75		

The following events are optional and **not included** in the Registration Fee. If you require tickets for these events please complete this section:

Event	Cost per ticket	Number of tickets required	Total Cost
Meeting Dinner Cruise	A\$125		
Golf Afternoon	A\$285		
Golf Club Hire (if required)	A\$75		

D. Sub-Total Additional / Optional Social Tickets: A\$

E. SPECIAL NEEDS / DIETARY REQUIREMENTS

If you have any special needs please specify.
Every attempt will be made to meet your requirements; however this may not be possible in every case.

F. PROFESSIONAL DEVELOPMENT POINTS

If you wish to apply for CPD points, please indicate your college, society or affiliation:

Royal Australian & New Zealand College of Obstetricians and Gynaecologists

Royal Australasian College of General Practitioners

My QA&CME number is:

G. ADDITIONAL SESSIONS/CATERING

Meet the Experts Session - Wednesday 29 September

The Meet the Experts Session is **not included** in the Registration Fee.

If you wish to attend, please indicate below. Please also select the table you wish to sit at.

Yes I wish to attend the Meet the Experts Session. Cost A\$25.

I wish to sit on the following table (please indicate your first, second and third preference with numbers):

<input type="checkbox"/>	Table 1	Professor Takeshi Aso	<i>Lifestyle management of the menopause</i>
<input type="checkbox"/>	Table 2	Dr Roberta Brinton	<i>Men's and women's brains</i>
<input type="checkbox"/>	Table 3	Dr Anna Fenton	<i>Bone loss at menopause – should we treat?</i>
<input type="checkbox"/>	Table 4	Dr Patricia Gomez	<i>Breast cancer in SE Asia</i>
<input type="checkbox"/>	Table 5	Professor Martha Hickey	<i>Treating menopause after breast cancer</i>
<input type="checkbox"/>	Table 6	Dr Howard Hodis	<i>HRT and heart disease</i>
<input type="checkbox"/>	Table 7	Professor Ko-En Huang	<i>Sexuality among Asians</i>
<input type="checkbox"/>	Table 8	Professor Alastair MacLennan	<i>HRT; why not?</i>
<input type="checkbox"/>	Table 9	Professor Rebecca Mason	<i>Vitamin D; the new 'must have'</i>
<input type="checkbox"/>	Table 10	Dr David Queck	<i>Managing heart disease</i>
<input type="checkbox"/>	Table 11	Dr Duru Shah	<i>Asian women and equity</i>

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Bayer Schering Pharma Lunchtime Symposium – Monday 27 September

The Bayer Schering Pharma Lunchtime Symposium is **included** in the Registration Fee. Please note that places in this session are limited.

Yes I wish to attend the Bayer Schering Pharma Lunchtime Symposium.

Bayer Schering Pharma Breakfast Symposium – Tuesday 28 September

The Bayer Schering Pharma Breakfast Symposium is **included** in the Registration Fee. Please note that places in this session are limited.

Yes I wish to attend the Bayer Schering Pharma Breakfast Symposium.

Nurses/Allied Health Lunch – Tuesday 28 September

The Nurses/Allied Health Lunch is **not included** in the Registration Fee. If you wish to attend, please indicate below.

Yes I wish to attend the Nurses/Allied Health Lunch. Cost A\$25.

G. Sub-Total Additional Sessions/Catering: A\$

H. PRIVACY

YES – I consent to my name and address being passed on to another organisation involved in organising a similar event or distributing material related to the subject matter of the Meeting.

No, I do not consent

YES – please include my details as given in this form (and any subsequent amendment) in the Delegate List produced for the Meeting which will be supplied to organising bodies, sponsors, exhibitors and all delegates attending the Meeting.

No, please do not include my details in the Delegate List.

I. PAYMENT AND CONDITIONS

Section B	Registration Fee	A\$	NOTE: Registrations will not be processed or confirmed until payment in full is received.
Section C	Accommodation	A\$	
Section D	Social Program	A\$	
Section G	Additional Sessions/Catering	A\$	
TOTAL FEES ENCLOSED:		A\$	

I have read and agree to all the conditions outlined in this registration brochure/document

Please find enclosed cheque/money order payable to 'APMF 2010 Meeting'

OR

Please charge the total amount above to the following credit card

MasterCard

Visa Card

American Express

Diners Club

Please note all transactions by credit card will appear on your statement as payment to: Conference arinex Sydney

Credit card number

Expiry Date / Name on card

Billing Address

Signature Date / /