



Palliative Care WA (Inc)

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2010 Western Australian Palliative Care Conference AT THE COALFACE

Group Registration Form/Tax Invoice

Palliative Care WA Inc invites all health professionals, volunteers and consumers to join us for the Western Australian Palliative Care Conference, 8:45 AM to 4:00 PM on Friday 28 May 2010, Wollaston Conference Centre, Wollaston Road, Mt Claremont.

This is the Group Registration Form for block bookings of 10 or more attendees.
The individual Delegate Registration Form is available at www.palliativecarewa.asn.au/wapcc10.php, or from the Palliative Care WA Inc office.

1. Group Contact Details please print clearly	
Please nominate one principal contact person for your group – we will send this person the official receipt and a confirmation letter for each person in the group.	
Organisation Name	
Contact name	
Preferred phone number	
Preferred email address	

2. Group Registration Details	
The prices shown here are 10% less than the non-group booking rates.	
category	price (incl GST)
PCWA full member (paid up to or beyond 30 June 2010)	\$67.50
PCWA concession member (palliative care volunteers, pensioners, students)	\$45.00
Non-member	\$85.50
Tax-deductible donation to Palliative Care WA Inc	\$
PAYMENT TOTAL	\$

3. Payment Details please make cheques and money orders payable to Palliative Care WA Inc				
<input type="checkbox"/> Cheque	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Cash	<input type="checkbox"/> Money Order
Card Number				
Cardholder Name		Card Expiry Date		
Signature		Please note credit card payments are processed by The Cancer Council WA. We will post you an official receipt.		

Please complete the individual delegate details on page 2 of this form and send both pages, with your payment, to Palliative Care WA Inc.

More conference information at: www.palliativecarewa.asn.au/wapcc2010.php

AT THE COALFACE is presented in partnership with
The Western Australian Palliative Care Network.



Government of **Western Australia**
Department of **Health**

**2010 Western Australian Palliative Care Conference – presented by Palliative Care WA Inc in partnership with the WA Palliative Care Network.
Group Registration Form – Individual Delegate Details**

Delegate Name	Email Address or Phone #	Dietary requirements	Add to delegate list?	Delegate Category	✓
1			YES <input type="checkbox"/>	PCWA full member	
			NO <input type="checkbox"/>	PCWA concession member	
				non-member	
2			YES <input type="checkbox"/>	PCWA full member	
			NO <input type="checkbox"/>	PCWA concession member	
				non-member	
3			YES <input type="checkbox"/>	PCWA full member	
			NO <input type="checkbox"/>	PCWA concession member	
				non-member	
4			YES <input type="checkbox"/>	PCWA full member	
			NO <input type="checkbox"/>	PCWA concession member	
				non-member	
5			YES <input type="checkbox"/>	PCWA full member	
			NO <input type="checkbox"/>	PCWA concession member	
				non-member	
6			YES <input type="checkbox"/>	PCWA full member	
			NO <input type="checkbox"/>	PCWA concession member	
				non-member	
7			YES <input type="checkbox"/>	PCWA full member	
			NO <input type="checkbox"/>	PCWA concession member	
				non-member	
8			YES <input type="checkbox"/>	PCWA full member	
			NO <input type="checkbox"/>	PCWA concession member	
				non-member	
9			YES <input type="checkbox"/>	PCWA full member	
			NO <input type="checkbox"/>	PCWA concession member	
				non-member	
10			YES <input type="checkbox"/>	PCWA full member	
			NO <input type="checkbox"/>	PCWA concession member	
				non-member	