



**THE
DR EDWARD KOCH
FOUNDATION**

for the health and well-being of North Queenslanders

Registration form for the Dr Scott Poland Seminar,
Shangri-la Hotel, The Pier, Cairns, Friday 4 June 2010

Personal details (one form per person, please)

Name: _____
Position: _____
Organisation: _____
Address: _____

Postcode: _____

Daytime phone: _____ **Mobile:** _____ **Fax:** _____
Email: _____

Special requirements

Please note any specific dietary, wheelchair access or other requirements:

Registration includes:

- Morning tea, lunch and afternoon tea for full-day delegates
- Morning tea and lunch for morning session delegates
- Lunch and afternoon tea for afternoon delegates

Full day early bird registration (by 14 May 2010)	\$245	<input type="checkbox"/>
Full day registration (after 14 May 2010)	\$285	<input type="checkbox"/>
Morning session early bird registration (by 14 May 2010)	\$185	<input type="checkbox"/>
Morning session registration (after 14 May 2010)	\$215	<input type="checkbox"/>
Afternoon session early bird registration (by 14 May 2010)	\$185	<input type="checkbox"/>
Afternoon session (after 14 May 2010)	\$215	<input type="checkbox"/>

Payment (Please refer to terms and conditions)

Credit card

I authorise the Dr Edward Koch Foundation or its agents to charge the stated amount as outlined above on my credit card. My signature is below for this authorisation. I also acknowledge that the Foundation is not required to produce a copy of a signed and validated sales voucher to obtain payment.

Card type: Visa Mastercard

Cardholder name: _____

Card number:

Expiry date: ____/____ Amount paid: \$ _____

Cardholder signature: _____ Date: ____/____

Cheque/Money Order All cheques to be made out to Dr Edward Koch Foundation

Send receipt to: Fax No: () _____

Address: _____

Please note, on completion of the registration form you have agreed to terms and conditions of the registration process (over).

PLEASE RETAIN THE FOLLOWING INFORMATION FOR YOUR RECORDS.

TERMS AND CONDITIONS

Cancellation policy

Cancellations must be made in writing to the seminar organiser.

Full registration fees will be refunded for cancellations received before Friday 21 May 2010.

No refunds will be provided for cancellations received after Friday 28 May 2010. However, substitute delegates are welcome.

Privacy notice

The Dr Edward Koch Foundation is collecting the personal information on this form to process registrations for the Dr Scott Poland Seminar 2010. The information will be stored on a secure system and only the Seminar Planning Committee, consisting of Dr Edward Koch Foundation officers, will have access to your personal information. Your information will not be used in the future by the Dr Edward Koch Foundation to notify you of other events and initiatives unless you specifically request this. The information will not be used for any other purpose or disclosed to any third party without your consent or unless authorised by law.

Please mail with payment or fax your completed form with payment instructions to:

Seminar Organiser
Dr Edward Koch Foundation
P O Box 2964, Cairns Qld 4870
Fax: (07) 40310744

ABN: 19 078 012 576

For more information:

Email: admin@kochfoundation.org.au

Telephone: (07) 40310145

Website: www.kochfoundation.com.au