



**ANAA Inc. 38th Annual Conference & AGM**

**20th & 21st October 2022**

**The Pavillion, Tamworth**

**REGISTRATION FORM**

**FINAL REGISTRATIONS MUST BE SUBMITTED BY 1<sup>st</sup> October 2022.**

Name: .....

Home address: .....

..... Post code:.....

Name of workplace: .....

Address of workplace: .....

.....

..... Post code:.....

Name of Local Health District: .....

Attention to: .....

Email: .....

Contact phone: ..... Fax: .....

**I wish to register for the ANAA Inc. 38th Annual Conference:**

**ANAA Inc Member full registration** **\$200**  
2 days includes conference dinner and flash drive

**ANAA Inc Member daily rate** **\$120**  
Days attending:  Thursday  Friday  
Daily rate does not include conference dinner

**I will attend the dinner**  I will not be attending dinner

**Non Member Full Registration 2 days** **\$260**

**Non Member daily rate** **\$150**  
Days attending:  Thursday  Friday  
Daily rate does not include conference dinner

**I will attend the dinner**  I will not be attending dinner

**My partner will also attend the dinner** **(\$50)**

Special dietary requirements:.....

Partner dietary requirements:.....

Do you require any assistance with access? Please indicate: (e.g. hearing / vision impairment, mobility, etc).

.....

*Please post or email completed registration to:*

**Treasurer ANAA Inc. Kate Norton [kate.norton@health.nsw.gov.au](mailto:kate.norton@health.nsw.gov.au)**

**Address: Grafton Community Health, PO Box 368, GRAFTON NSW 2460**

**Audiometry Nurses Association of Australia Inc**

ABN 88 907 235 731



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**PAYMENT DETAILS**

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**A Tax Invoice will be sent to you upon receipt of your Registration.**

The tax invoice will be sent to the delegate who is then responsible for arranging payment through their health service.

Name.....

**Please make all payments to: 'Audiometry Nurses Association of Australia Inc'**

- Cheque / money order enclosed for \$ .....
- EFT payment
- Payment by Health Service

**Details:**

Northern Inland Credit Union [NICU] **BSB: 802 298 Account: 100028816**

**Reference:**

.....  
(Initial of first name)                      (as many letters of surname as possible)                      (tax invoice no.)

Withdrawal of registration up to 2 weeks prior to closing date incurs no penalty – full refund available.  
Withdrawal of registration after closing date is non- refundable – however substitutions are welcome

*Please post or email completed registration to:*

**Kate Norton – Treasurer [kate.norton@health.nsw.gov.au](mailto:kate.norton@health.nsw.gov.au)  
Address: Grafton Community Health, PO Box 368, GRAFTON NSW 2460**

Comment:.....

<b>OFFICE USE ONLY:</b>		<b>Tax Invoice:</b> .....		<b>Date Sent:</b> .....		
Type of membership: Full <input type="checkbox"/> Associate <input type="checkbox"/> Life <input type="checkbox"/> Non Member <input type="checkbox"/>						
Date Payment Received	Amount	Cash	Cheque/Money Order	EFT	Direct Credit	Health Service Payment
.....						
.....						
Payment of Partners Dinner: \$50.00 (personal payment) <i>Date banked on ANAA Inc Bank Statement</i> .....						