

ANAA INC.  
39TH ANNUAL CONFERENCE & AGM  
18-20TH OCTOBER 2023. PARKROYAL PARAMATTA  
**REGISTRATION FORM**



**CONTACT INFORMATION**

FIRST & LAST NAME: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
NAME & ADDRESS OF WORKPLACE: \_\_\_\_\_

**CONFERENCE OPTIONS**

**ANAA MEMBER**

**NON - MEMBER**

PLEASE TICK RELEVANT BOX(ES)

<input type="checkbox"/> FULL 3-DAY REGISTRATION \$380	OR	<u>DAY ATTENDEE</u> <u>(\$150 PER DAY)</u> <input type="checkbox"/> Wednesday @ \$150 <input type="checkbox"/> Thursday @ \$150 <input type="checkbox"/> Friday @ \$150 TOTAL \$ _____	<input type="checkbox"/> FULL 3-DAY REGISTRATION \$450	OR	<u>DAY ATTENDEE</u> <u>(\$160 PER DAY)</u> <input type="checkbox"/> Wednesday @ \$160 <input type="checkbox"/> Thursday @ \$160 <input type="checkbox"/> Friday @ \$160 TOTAL \$ _____
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**DINNER OPTIONS**

ARE YOU PLANNING ON ATTENDING THE CONFERENCE DINNER?

**DATE:** WEDNESDAY, 18TH OCTOBER 2023  
**LOCATION:** 'BABA GHANOUJ' 51 PHILLIP ST, PARRAMATTA NSW 2150  
(PUBLIC CAR PARK IS LOCATED BEHIND THE RESTAURANT)  
**TIME:** 1830

PLEASE TICK RELEVANT BOX(ES)

<b>Option 1</b> <input type="checkbox"/> YES I AM ATTENDING DINNER. I AM A FULL 3-DAY CONFERENCE ATTENDEE. <u>COST= \$0</u> (INCLUDED IN CONFERENCE FEE)	OR	<b>Option 2</b> <input type="checkbox"/> YES I AM ATTENDING DINNER. I AM A DAY ATTENDEE. <u>COST=\$60</u>	OR	<b>Option 3</b> <input type="checkbox"/> NO THANK-YOU. I WILL <u>NOT</u> BE ATTENDING THE DINNER <u>COST= \$0</u>
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**OPTIONAL**

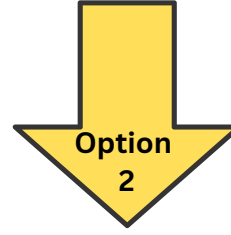
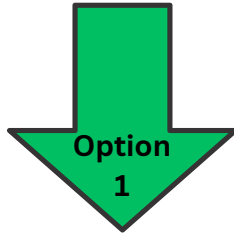
MY PARTNER WOULD  
ALSO LIKE TO ATTEND  
THE DINNER  
COST =EXTRA \$60

**SPECIAL DIETARY REQUIREMENTS FOR THE DINNER:**

**SPECIAL REQUESTS FOR CONFERENCE**  
eg. Special dietary requirements, accessibility requirements.

# REGISTRATION FORM

## PAYMENT INFORMATION



PLEASE TICK RELEVANT BOX

**Bank Deposit**

**Bank name:** Northern Inland Credit Union

**BSB:** 802-298

**Account:** 100028816

**Account Name:** Audiometry Nurses Association of Australia Inc.

**Reference:** Put your first Initial & surname

OR

**Payment by NSW Health**

1. Fill in contact details of person responsible for payment below (e.g your NUM)
2. Submit this registration form via email/post (address at bottom of page)
3. A tax invoice will be sent to your nominated person by ANAA treasurer
4. LHD/Nominated person makes payment on your behalf.

LHD: \_\_\_\_\_

Person responsible for payment: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

@health.nsw.gov.au

## IMPORTANT INFORMATION

- Forms and payment must be received by no later than close of business 1st October, 2023
- A tax invoice will be sent to you upon receipt of your registration form and clearance of funds
- 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.

### OFFICE USE ONLY

Tax Invoice: \_\_\_\_\_ Date sent: \_\_\_\_\_

Type of membership:  Full  Associate  Life  Non-member

Payment of partners dinner: \$60 (personal payment)

Date payment received	Amount	Cash	Cheque/ money order	EFT	Direct Credit	Health Service Payment

Date banked on ANAA Inc. bank statement: \_\_\_\_\_

Please send completed form to: Kate Norton (ANAA inc. Treasurer) **BY 1ST OCTOBER, 2023**

Email: kate.norton@health.nsw.gov.au Address: Grafton Community Health, PO Box 368, GRAFTON, NSW, 2460