

# REGISTRATION FORM

## CONTACT INFORMATION

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

## CONFERENCE OPTIONS

### ANAA MEMBER

### NON - MEMBER

PLEASE TICK  
RELEVANT BOX(ES)

☐  
FULL 3-DAY  
REGISTRATION  
\$390

OR

DAY ATTENDEE  
(\$160 PER DAY)  
☐ Wednesday @ \$160  
☐ Thursday @ \$160  
☐ Friday @ \$160  
TOTAL \$ \_\_\_\_\_

☐  
FULL 3-DAY  
REGISTRATION  
\$460

OR

DAY ATTENDEE  
(\$180 PER DAY)  
☐ Wednesday @ \$180  
☐ Thursday @ \$180  
☐ Friday @ \$180  
TOTAL \$ \_\_\_\_\_

## DINNER OPTIONS

ARE YOU PLANNING ON ATTENDING THE CONFERENCE DINNER?

DATE: WEDNESDAY, 15TH OCTOBER, 2025

LOCATION: THE LOG CABIN (CONFERENCE VENUE)

TIME: 1800

PLEASE TICK RELEVANT BOX(ES)

### Option 1

### Option 2

### Option 3

((Optional))

☐  
**YES I AM ATTENDING  
DINNER.**  
I AM A FULL 3-DAY  
CONFERENCE ATTENDEE.  
COST= \$0 (INCLUDED IN  
CONFERENCE FEE)

OR

☐  
**YES I AM ATTENDING  
DINNER.**  
I AM A DAY ATTENDEE.  
COST=\$55

OR

☐  
**NO THANK-YOU.  
I WILL NOT BE  
ATTENDING THE  
DINNER**  
COST= \$0

&

☐  
**MY PARTNER  
WOULD ALSO LIKE  
TO ATTEND THE  
DINNER**  
COST =EXTRA \$55

DIETARY REQUIREMENTS FOR THE DINNER:

SPECIAL REQUESTS FOR CONFERENCE:

(eg. Special dietary requirements, accessibility requirements etc.)

**Please send completed form to: Sarah Austin (ANAA Inc. Treasurer)**

Email: sarah.kemp1@health.nsw.gov.au

Address: Coolah MPS, Hospital Street, COOLAH, NSW, 2483

**DEADLINE:** By 1st SEPTEMBER, 2025 if the Health Service is paying

By 21st SEPTEMBER, 2025 for self-funded attendees

# REGISTRATION FORM

## PAYMENT INFORMATION

### OPTION 1

☐ Self-pay for conference

PLEASE TICK RELEVANT BOX

### OPTION 2

☐ Health Service is paying for conference

#### Pay your conference fee via 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

#### Then please send completed form to: **Sarah Austin (ANAA Inc. Treasurer)**

**Email:** sarah.kemp1@health.nsw.gov.au

**Address:** Coolah MPS, Hospital Street,  
COOLAH, NSW, 2483

**DEADLINE:** 21<sup>st</sup> SEPTEMBER, 2025 for self-funded attendees

A tax invoice will be sent to you upon receipt of your registration form and clearance of funds

### IMPORTANT INFORMATION

- 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.
- **Conference enquiries:** Contact Gisella Laughton on 0436-481-170 or gisella.laughton@health.nsw.gov.au

#### Payment by Health Service

**Step 1-** Fill in contact details of person responsible for payment below (e.g your NUM)

**Step 2-** Submit this form **ASAP** to Sarah Austin (ANAA treasurer) via email/post (see details below). **Deadline is 1<sup>st</sup> September 2025.** *If you miss this deadline you will need to pay for the conference yourself upfront, and then claim back later through iexpenses*

**Step 3-** An invoice will be generated by ANAA Treasurer and sent to your nominated person

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

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

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

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

@health.nsw.gov.au

#### Then please send completed form to:

**Sarah Austin (ANAA Inc. Treasurer)**

**Email:** sarah.kemp1@health.nsw.gov.au

**Address:** Coolah MPS, Hospital Street  
COOLAH, NSW, 2483

**DEADLINE:** 1<sup>st</sup> SEPTEMBER, 2025 if Health Service is paying

**OFFICE  
USE  
ONLY**

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

Type of membership: Full ☐ Associate ☐ Life ☐ Non-member ☐

Payment of partners dinner: \$55 (personal payment) ☐

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

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