AAVIS 2007 9TH ANNUAL SCIENTIFIC MEETING Delegate Registration Form
FOUR POINTS SHERATON HOTEL SYDNEY

Name _____ Title _____

Address _____

Phone: _____ Fax: _____ Mobile _____ Email _____

Conference Registration Fees (AUSTRALIAN DOLLARS) Includes full registration, participation at all workshops, and complimentary cocktail party. Workshops can be attended separate from the meeting.

Please tick	Specialist	Day Fee	Trainee/GP/Physio	Nurse	Industry	Workshop
Before 30th June 2007	$550 ……	$275……	$250 ……	$150 ……	$150 ……	$55……
After 30th June 2007	$660	$330 …..	$330 ……	$220 ……	$150 ……	$66 ……

TOTAL……...

Gala Conference Dinner at Sydney Opera House $150 per head No. of persons attending **……..TOTAL: ……**

Social Program Partner Name _____
Attendance at Cocktail Party (YES/NO) Complimentary Partner attendance at Cocktail Party (YES/NO)

Please indicate if you wish to attend any of the following Workshops:

Wednesday 25th July 2007 - Sydney Adventist Hospital
Indonesian Gynaecology Meeting (Yes/No) Workshop 1 (American Medical Systems) (Yes/No)

Thursday 26th July 2007 - Sydney Adventist Hospital
Workshop 2 (TVT Prolift) (Yes/No) Workshop 3 (Pelvic Surgery) (Yes/No)

Friday 27th July 2007 - Sydney Adventist Hospital
Colorectal Focus Meeting (Yes/No) Urology Focus Meeting (Yes/No)

Ultrasound Workshop (Yes/No) Urodynamics Workshop (Yes/No)

Friday 27th July 2007 – Four Points Sheraton Hotel
Ethics and Incontinence Workshop 4 (Yes/No) Integral Theory Workshop 5 (Yes/No)

Payment by Cheque Please make Cheques payable to AAVIS
and Post To: AAVIS Treasurer, Dr Jeff Tarr, 12 Somerset Drive, Buderim, Queensland 4556 AUSTRALIA

Payment by Credit Card (**Mastercard/Visa ONLY)** Amount Australian Dollars $ _____

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Card Number

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Name on Card Expiry date

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Signature Date of Payment

FAX COMPLETED FORM AND CREDIT CARD DETAILS TO
AAVIS TREASURER DR JEFF TARR 07 54440121 (INTERNATIONAL +61 7 54440121)

OR ….. POST: DR JEFF TARR, AAVIS TREASURER,
12 SOMERSET DRIVE, BUDERIM Q 4556, AUSTRALIA