



# 2016 ONSITE REGISTRATION FORM

## Personal Details

Title \_\_\_\_\_

First Name \_\_\_\_\_

Surname \_\_\_\_\_

Position \_\_\_\_\_

Organisation \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

Country \_\_\_\_\_

Email \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Mobile \_\_\_\_\_

## **Professional Discipline**

- Spine Surgeon      - Neurosurgeon

- Researcher        - Medical Device  
Rep

- Other \_\_\_\_\_

**Dietary Requirements** \_\_\_\_\_

## **SPINE SOCIETY OF AUSTRALIA Trainee Weekend on Spinal Biomechanics**

**Workshop Registration Rate**    **\$350** [ ] *Please tick*

**Workshop Dinner** [ ] *Please tick*

**Date:** Saturday 11 June

**Where:** Workshop Dinner Jetty Restaurant, South Bank

**Time:** 7.00 pm

**Dress:** Smart Casual

**Dinner Cost:** Included in registration fee. Beverages are not included and can be purchased on the night.

## **Payment Method**

[ ] MasterCard

[ ] Visa

[ ] Cash

Name on card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiry Date \_\_\_\_\_ CSV \_\_\_\_\_

Signature \_\_\_\_\_

**TOTAL = \$** \_\_\_\_\_

### OFFICE USE ONLY

**Date processed:**

**Time processed:**

**Processed by:**  
\_\_\_\_\_  
\_\_\_\_\_

**If credit card – Method used:**

[ ] **B-point No**.....