

Saturday 7th AUGUST,
SOFITEL BRISBANE CENTRAL

DENTAL ASSISTING... AND BEYOND CONFERENCE 2010 REGISTRATION FORM

One registration form per delegate - Photocopies are acceptable
PLEASE PRINT CLEARLY

Name: _____

Address: _____

Suburb: _____ Postcode: _____

Phone: _____ Phone A/H _____

Email: _____

Special dietary requirements: _____

REGISTRATION FEES

GST Exempt

EARLY BIRD

closes 26/06/10

LATE

closes 30/07/10

DAA Member

\$165

\$200

Dental Assistant*

\$265

\$315

TAM A**

\$165

\$200

TAM B**

\$300

\$350

* includes membership until 31st December 2011

** For the purposes of this Continuing Education event only, "Temporary Associate Membership (TAM) is available in two categories:

"A" to DHAA, DHOTAQ and ADPAQ on proof of membership

"B" to persons otherwise engaged in or associated with the Oral Health industry.

PAYMENT DETAILS (please tick)

Cheque - make cheques payable to DAA Qld Inc

Direct Debit - BSB: 064 001 A/C No: 00905985 (Reference: Enter your first initial and surname) Please ensure registration is lodged prior to deposit.

Visa Mastercard Amount: \$ _____

Card No:

Expiry Date: ____ / ____

Cardholder's Name: _____

Cardholder's Signature: _____

Date: _____ Reciept to: _____

Send to: **DAA Qld Inc. PO Box 492, Cannon Hill Qld 4170**
Ph: 3902 1785 Fax: 3399 3469 Email: daaqld@bigpond.com

Refund Policy: Cancellations prior to 30th July 2010 will be refunded less \$50 to cover administration costs. There will be no refunds after this date. Personal information supplied by you may be used by DAA Qld Inc & associated third parties for the dissemination of promotional and educational material.