



**THE SOCIETY FOR MEDICAL
AND BIOLOGICAL ENGINEERING
(NSW) Inc**

PLEASE ADDRESS ALL
CORRESPONDENCE TO:
THE HONORARY SEC.
PO BOX 545
LANE COVE
NSW 1595

ABN 77 878 685 919

Tax Invoice / Registration Form

**22nd Annual SMBE (NSW) Inc.
Biomedical Engineering Training Seminar
Newcastle NSW Australia
“The Country Technician’s Meeting”
Dates: 28th to 31st March, 2010**

**Venue: Newcastle City Hall,
290 King St Newcastle NSW 2300**

First Name:

Surname:

Postal Address:

State:

Postcode:

E-mail:

@

BH Phone: ()

Fax: ()

Mobile:

Organization or Affiliation:

Position or Title

Entry to the Conference sessions, all morning & afternoon teas, lunches and Social functions will be only to those wearing the Official Conference Name badge

Registration Fee: (Please tick box of option selected)

- Financial member of SMBE (NSW) 2009 – 2010 = **\$110**
- Current members of other Australian SMBE (*Proof required.*) = **\$165**
- Non-member & Non-financial member of SMBE (NSW) = **\$220**
- Students undertaking relevant full time studies (*Proof required.*) = **\$66**
- Join us now as a new member with your membership fees paid to June 30th 2011 & including 2010 Full conference Registration = **\$253**
- Day Registration for: Monday / Tuesday / Wednesday (*Circle applicable*) = **\$50**
- SMBE NSW Committee member working at the Conference Nil cost

See over

Will you be attending the Welcome BBQ on Sunday evening 28th March? **YES / NO**

(This is included in the Full Conference Registration and will be held at Fort Scratchely)

Will anyone be accompanying you at the BBQ? **YES / NO**

How many extra? ____ Adults@ \$35pp ____ Children under 15 yo @ \$10pp = \$.....

Name(s) _____

Will you be attending the Conference Dinner on Monday 29th March? **YES / NO**

(This is included in the Full Conference Registration and will be held at Newcastle City Hall)

Will anyone be accompanying you at the Dinner? **YES / NO**

How many extra? ____ Adults@ \$60pp \$.....

Name(s) _____

Sub-Total \$

Do you have any special dietary requirements, food intolerances or allergies?
We will try & cater as requested.

Please detail requirements _____

Total Cost for Conference Registration GST included \$

Pay by mail using Cheque or Money Order payable to
SMBE NSW Inc
PO Box 545
Lane Cove NSW 1595

or

Direct Deposit

Bank: St. George
Account Name: SMBE NSW
Branch Number: 112-879
Account Number: 145 280 082

Please email advice of DD payment & use your name as reference

(Sorry no Credit Card or EFTPOS available)

N.B. This registration form must be received by fax, mail or E-mail by the 19th March 2010.

Send to: Hon. Treasurer SMBE (NSW) Inc
PO Box 545
Lane Cove 1595 NSW

E-mail: treasurer@smbensw.org.au
Steve MacKenzie

Fax No: (02) 6363 8097 and **Mobile:** 0449 902 758 **Phone:** (02) 6363 8094