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| **MOMENTUM AND MILESTONES**  **AN EATING DISORDERS CONFERENCE for WESTERN AUSTRALIA**  **29th-30th March 2016- Esplanade Hotel, Fremantle** | | | |
| **Registration Form**  *This form is a tax invoice for Australian Tax Office requirements. We can only accept payment methods as below.*  *Please fill out a separate registration form for each person you are registering.* | | | |
| **TITLE** | | **Ms** **Mrs** **Miss** **Mr** **Dr** | |
| **NAME** | |  | |
| **ADDRESS** | | **Street**  **City/Suburb** **State** **Postcode** | |
| **TELEPHONE** | |  | |
| **EMAIL** | |  | |
| **Please advise if you have any mobility requirements** **No** **Yes –Details:**  **Please advise if you have any dietary requirements Vegetarian Gluten Free Other-details:** | | | |
| **Registration options include:** | | | |
| * Conference registration * Full catering * Wednesday evening sundowner and birthday celebrations (both days and day 1 registrations only) | | | |
| **Registration fees (incl. GST):** | | | |
| **Professional**  **Both days $320**  **Day 1 only $210 (includes sundowner)**  **Day 2 only $195** | | | **Family member**  **Both days $200**  **Day 1 only $150 (includes sundowner)**  **Day 2 only $120** |
| **Payment Method:** **BANK TRANSFER** **(preferred method)** **CHEQUE** | | | |
| **PAYMENT DETAILS:** | | | |
| **BANK TRANSFER:** | **Account name: Bridges Association Westpac BSB 036 011 Account 414 764**  Please label your payment “YOUR NAME/CONFERENCE” and email your registration form to [**pmhedp@health.wa.gov.au**](mailto:pmhedp@health.wa.gov.au) or post to the address below. | | |
| **CHEQUE/**  **MONEY ORDER:** | For cheque/money order payments, please make payable to **“Bridges Association**” and label  “YOUR NAME/CONFERENCE” on back of cheque. Please post this completed form with full payment to:  **Bridges Eating Disorder Association of Western Australia Inc.**  **c/o Eating Disorders Program**  **Psychological Medicine, PMH**  **GPO Box D 184**  **PERTH WA 6840** | | |
| **Registration confirmation will be emailed once payment has been processed.**  **For queries please call PMH Eating Disorders Program on 9340 7711 or email** [**pmhedp@health.wa.gov.au**](mailto:pmhedp@health.wa.gov.au) | | | |
| ***A limited number of concession rates and remote/rural scholarships may be available to family members and consumers upon request. Places will be allocated by 1st March 2016.*** | | | |
| ***Please outline your circumstances:*** | | | |

**Registrations close 23rd March 2016.**