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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** 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** |
| ***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.**