



# The Australian College of Rural and Remote Medicine Scientific Forum

9 -11 July 2004  
Alice Springs, NT

## Delegate Information

### How to Register

Please complete a registration form and make a program selection for each delegate attending the Forum.

### Fax Registration

If paying by credit card, please complete the registration form including your credit card details and fax to ACRRM (+617) 3356 2167. Payment can only be made using Bankcard, MasterCard or Visa.

### Postal Registration

Payments either by credit card, cheque or money order can be returned by mail along with the completed registration form. Please make all cheques and money orders payable to 'ACRRM' and mail to: PO Box 167, Kelvin Grove DC Qld 4059 Australia.

### Acknowledgement of Registration

Written acknowledgements including tax invoices will be sent to all registrants on receipt of payment.

### Registration Comprises:

Registration entitles delegates to the following:

- Attendance to all open sessions of the Forum
- Morning and afternoon teas
- Lunch
- Printed Proceedings

### Refund/Cancellation Policy

Refund for cancellation will be granted as follows:

100% refund	Cancellations received before 7 June 2004
No refunds	Cancellations received post 7 June 2004 / Registration transfers accepted

Registration and payments must be received by ACRRM by **COB Wednesday 7 June 2004**.

### Venue Details

Alice Springs Convention Centre, Alice Springs, NT.

### Accommodation

ACRRM has negotiated conference prices at the following hotels. Please make sure to mention "ACRRM's Scientific Forum" when making your booking.

- Lasseters Casino (4.5 star): AU\$140 per night - visit <http://www.lassetershotelcasino.com.au/> or free call: 1800 808 975.
- Crowne Plaza Hotel (4 star): AU\$105 per night - ph: (08) 8950 8000.
- Novotel Outback Hotel (4 star): AU\$102 per night - free call: 1300 656 565.

# Registration Form

# Program

Please select the events that you wish to attend by placing a '1' in the box of your first choice and placing a '2' in the box of your second choice. Return both the completed program and registration form to ACRRM.

## PRELIMINARY SESSION (Thursday 8 July 2004)

9am – 5pm	<input type="checkbox"/> Training Towards FACRRM (hosted at Centre for Remote Health)
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## DAY 1 (Friday 9 July 2004)

8:30am	<input type="checkbox"/> FORUM REGISTRATION						
9am – 12:30pm	<input type="checkbox"/> Women in Leadership Workshop Limited Numbers	<input type="checkbox"/> Clinical Leaders Workshop Limited Numbers		<input type="checkbox"/> Quality & Safety in Rural & Remote Medicine - The Management of Risk Limited Numbers	<input type="checkbox"/> RRMEO Drop-in Café	<input type="checkbox"/> Palm Pilot/PDA & Rural Clinical Protocols Limited Numbers	<input type="checkbox"/> PDP Committee Meeting <b>CLOSED</b>
1:30 – 5pm			<input type="checkbox"/> Is Distance a Tyranny - Learning & Teaching Opportunities in Rural Practice (hosted at Centre for Remote Health)	<input type="checkbox"/> Emerging & New Researchers - The Practice of Research Limited Numbers	<input type="checkbox"/> RRMEO Subscriber Workshop Limited Numbers	<input type="checkbox"/> Palm Pilot/PDA & Rural Clinical Protocols (Repeat) Limited Numbers	<input type="checkbox"/> ACRRM Board Meeting <b>CLOSED</b>
7pm	<input type="checkbox"/> Welcome Bush BBQ (Extra charge) & FORUM REGISTRATION						

## DAY 2 (Saturday 10 July 2004)

7:15am	<input type="checkbox"/> WIRP Breakfast (Self Funded)						
8am	<input type="checkbox"/> FORUM REGISTRATION						
8:30 – 8:45am	<input type="checkbox"/> OPENING						
8:45 – 9:30am	<input type="checkbox"/> KEYNOTE SPEAKER						
9:30 – 10:30am	<input type="checkbox"/> Rural and Remote Medicine in Education				<input type="checkbox"/> RRMEO & Palm Pilot Drop-in Café	<input type="checkbox"/> Poster Presentations &/or displays in the Circulation Area	
11 – 12:30pm	<input type="checkbox"/> Rural and Remote Medicine - Supporting the Workforce						
1:30 – 3pm	<input type="checkbox"/> Rural and Remote Medicine - In Communities						
3:30 – 5pm	<input type="checkbox"/> Integration & Collaboration in the Rural Medical Context						
5 – 6pm	<input type="checkbox"/> Pre-dinner Drinks & Launch of ACRRM Obstetric Ultrasound CD Rom						
7:30pm	<input type="checkbox"/> Formal Conference Dinner (Extra charge)						

## DAY 3 (Sunday 11 July 2004)

<input type="checkbox"/> Birds of a Feather Breakfast (Self Funded)						
9:00am – 12:30pm	<input type="checkbox"/> Obstetric Ultrasound Workshop Limited Numbers	<input type="checkbox"/> MRB Scholars e-Mentoring <b>CLOSED</b>	<input type="checkbox"/> ACRRM Board Meeting <b>CLOSED</b>	<input type="checkbox"/> Gender Research Workshop – Generation of WIRP Report Limited Numbers	<input type="checkbox"/> Education Providers & ACRRM PDP Workshop Limited Numbers	<input type="checkbox"/> JFSS National Advisory Committee <b>CLOSED</b>
1:30 – 3:30pm		<input type="checkbox"/> RRMEO Drop-in Café	<input type="checkbox"/> Allied Health & The Medical Workforce – Opportunity for Collaboration, Co-ordination & Communication			
3:30 – 5:00pm						

## POST FORUM WORKSHOP (Monday 12 July 2004)

9:00am – 5pm	<input type="checkbox"/> Obstetric Ultrasound Workshop Limited Numbers
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# Registration

## Forum Registration

I would like to register as a:

- ACRRM MEMBER AU\$170.00 (includes GST)\*      Membership Number \_\_\_\_\_  
 NON-ACRRM MEMBER AU\$220.00 (includes GST)\*  
 SCHOLAR AU\$100.00 (includes GST)\*

\*Registration cost includes lunch, refreshments and printed proceedings.

## Social Registration

I would like to register for:

- Welcome Evening - Bush Themed BBQ (Friday 9 July at 7:00pm)      AUD\$45.00 per person (includes GST)  
 Formal Dinner - Black Tie Optional (Saturday 10 July at 7:30pm)      AUD\$85.00 per person (includes GST)

Additional Dinner Guest(s) Number: \_\_\_\_\_

## Personal Details

Title (Dr, Mrs, Mr, Prof., Ms): \_\_\_\_\_ Gender: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_ ABN: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Name for badge: \_\_\_\_\_

Special Dietary or Disability Requirements: \_\_\_\_\_

Partner Guest (full name including title): \_\_\_\_\_

## Payment Details

Please note: Registrations cannot be processed until full payment is received.

- CHEQUE    MONEY ORDER (made out to "ACRRM")    BANKCARD    MASTERCARD    VISA

For the amount of \$ \_\_\_\_\_ being full payment of my registration and dinner choices for the ACRRM Forum.

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Card Number:                 Valid to: \_\_\_\_\_

A Tax Invoice showing the GST amount will be issued as your receipt.

Office Use Only	
Category:	Bank:
Rate:	BSB:
Receipt #:	Cheque #:
Receipt Date:	Received by: