

**New Fellows Conference – Byron Bay**  
**6<sup>th</sup> - 7<sup>th</sup> August 2015**

**Registration Form**

**Please complete the registration details below.**

**REGISTRATION FEE: NO CHARGE** (*This course is funded by CICM*)

**PERSONAL DETAILS**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Mobile: \_\_\_\_\_

Organisation/Hospital: \_\_\_\_\_

Dietary Requirements: \_\_\_\_\_

**SOCIAL FUNCTION**

Join us for Dinner at The Byron on Byron Resort.

*(The cost of the dinner is subsidised by the College of Intensive Care Medicine).*

Yes; I will be attending the dinner (\$75)  
the dinner

No; I will not be attending

I would like an additional dinner ticket (\$125 each)

Additional Guest Dietary Requirements:

**TOTAL \$**

**PAYMENT DETAILS**

Cheques made payable to: **College of Intensive Care Medicine**

Credit Card:  Visa  MasterCard

Card Number: \_\_\_\_\_

CVV: \_\_\_\_\_ Card Name: \_\_\_\_\_

Expiry Date: \_\_\_\_ / \_\_\_\_

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