



Association of Massage Therapists 27th National Conference

REGISTRATION FORM

Name _____

Company name _____

Address _____

Email _____ Contact number _____

AMT membership number _____

If you are not a member of AMT please indicate if you belong to one of the following associations:

AAMT ATMS

If you are registering as a student, what is the name of the college you are enrolled at?

■ CEUs

You will be rewarded with 50 CEUs for each day of the conference you attend.

■ Registration fees

You can attend the conference on either Friday or Saturday, or both days. All conference registrations include morning and afternoon tea, and lunch. Two-day registrations include the conference dinner as well. There are a variety of other registration options that include the conference dinner on Saturday evening. Individual dinner tickets for partners and friends are available for purchase through AMT Head Office.

TWO-DAY REGISTRATION			
	Earlybird rate	After July 22	Student Rate
A Friday (Incl	\$480.00	\$540.00	\$400.00



ONE-DAY REGISTRATION			
Attending on:	Earlybird rate	After July 22	Student Rate
Friday	\$240.00	\$290.00	\$200.00
Saturday only	\$180.00	\$230.00	\$150.00
Friday plus dinner	\$310.00	\$350.00	\$270.00
Saturday plus dinner	\$250.00	\$290.00	\$220.00

TOTAL: \$ _____

Dietary requirements (please advise of any special dietary requirements and we will attempt to address these)
 Vegetarian
 Lactose Intolerant
 Gluten free

■ PRECONFERENCE WORKSHOP PREFERENCES

(FRIDAY 11 SEPTEMBER)

_____ order of preference, beginning with 1 as your first choice.

_____ of the thorax

■ WORKSHOP ALLOCATION

Workshops are allocated on a first-come, first served basis. All attempts will be made to satisfy your request for preferences. If your first choice of workshop is not available would you like AMT to:

Choose your next available preference for you?

Cancel your registration and refund your fee?

REGISTRATION CLOSING FRIDAY 16 SEPTEMBER 2016

I have enclosed my cheque or money order (made out to AMT) OR please debit my Visa/Mastercard
(for banking purposes circle correct one)

Cardholder's Name: _____

Cardholder's Signature: _____

Card Number:

Expiry Date: _____ / _____ Card Verification Number
(3 digit number on back of card)

PLEASE NOTE AMT DOES NOT ACCEPT THIRD PARTY PAYMENTS.

CANCELLATION POLICY

- Cancellation up to four weeks prior to close of registration – less 25%
- Cancellation less than four weeks but more than two weeks prior to close of registration – less 40%
- Cancellation less than two weeks but more than one week prior to – 65%
- No refund will be given for cancellations in the final week before the conference or after the event

EFT PAYMENT DETAILS

PLEASE USE YOUR NAME UNDER THE TRANSACTION DESCRIPTION SO WE CAN IDENTIFY THE PAYMENT AND SEND THIS FORM BACK TO AMT

Account Name: Association of Massage Therapists Ltd

BSB: 062-212

Account Number: 1034-0221

OFFICE USE ONLY Date received _____ Receipt no. issued _____

Please return to:
AMT
PO Box 826 Broadway NSW 2007
or email info@amt.org.au