



Old tricks New schtick

Association of Massage Therapists
31st National Conference
REGISTRATION FORM

Name _____

Company name _____

Address _____

Email _____ Contact number _____

AMT membership number _____

If you are not a member of AMT, please tell us which association you belong to:

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

Professional Development

You will be awarded 50 CEUs or 8 - 10 hours per day on completion of the reflection template in your AMT member portal.

Registration fees

Your registration fee includes morning and afternoon teas and lunch. Prices include GST. Please note that you can choose to attend any single day or two days of the conference, or you can attend all three days including the pre-conference Friday. Take advantage of our earlybird savings by completing your booking before Monday 3 August.

Conference Cocktail Party

A ticket for the rooftop cocktail function on Saturday 24 October is included in all two and three day registrations. Single-day delegates who wish to attend the cocktail function or those who would like extra tickets for a partner or friend will need to purchase them through AMT Head Office. Please call 02 9211 2441 to arrange extra tickets.

ONE-DAY REGISTRATION (please indicate which day you would like to attend)				
Attending on:	AMT member earlybird rate	AMT member after August 3	Student Rate	Non Member
Friday	\$280.00	\$300.00	\$200.00	\$340.00
Saturday	\$280.00	\$300.00	\$200.00	\$340.00
Sunday	\$280.00	\$300.00	\$200.00	\$340.00

TWO-DAY REGISTRATION (please indicate which day you would like to attend)				
Attending on:	AMT member earlybird rate	AMT member after August 3	Student Rate	Non Member
Friday & Saturday	\$480.00	\$540.00	\$350.00	\$580.00
Saturday & Sunday	\$480.00	\$540.00	\$350.00	\$580.00
Friday & Sunday	\$480.00	\$540.00	\$350.00	\$580.00

THREE-DAY REGISTRATION				
Attending on:	AMT member earlybird rate	AMT member after August 3	Student Rate	Non Member
All 3 days	\$660.00	\$720.00	\$500.00	\$760.00

TOTAL: \$ _____

Dietary requirements		
Vegetarian	Lactose Intolerant	Gluten free

WORKSHOP PREFERENCES

PRE-CONFERENCE WORKSHOPS (FRIDAY 23 OCTOBER)

Choose from one of the following: Ligamentous Articular Strain Techniques for leg and foot
Exercise for Health

CONFERENCE BREAKOUT SESSIONS

Please number your choice for each session in order of preference, beginning with 1 as your first choice.

Please note: Breakout sessions run for three hours. If you are registering for Saturday and Sunday, make sure you select two different workshops. Three of the Saturday breakout sessions are repeated on Sunday so don't register for the same workshop twice!

Breakout Session 1 (Saturday afternoon)

Motivational Interviewing

Ligamentous articular strain techniques for the elbow and wrist

Get off the table

Program design for manual therapy

Break out Session 2 (Sunday morning)

Motivational Interviewing

Ligamentous articular strain techniques for the elbow and wrist

Get off the table

Program design for manual therapy

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 MONDAY 12 OCTOBER 2020

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 4 weeks prior – less \$30 administration fee
- Cancellation less than 4 weeks but more than 2 weeks – less 15%
- Cancellation less than 2 weeks but more than 1 week – less 25%
- Cancellation less than 1 week – less 50%
- No refund will be given 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

REGISTER ONLINE