

QASM 2025 SMIGGINS SKI CONFERENCE
Smiggins Hotel, Smiggin Holes NSW 10th- 17th August



REGISTRATION FORM

Title **First Name** **Surname**
(Prof/Dr/Mr/Mrs/Miss/Ms)

Mailing Address Practice/Institution/Home
 Number/Street/Road
 Suburb/Town/City State P/Code

Telephone Work Area Code Number **Mobile**
E-Mail **Fax** Area Code Number

Accompanying Person

PAYMENT DETAILS 1

				Enter Amount
<input type="text"/>	Full Registration/s	x	\$500	Total <input type="text"/>
<input type="text"/>	Accompanying Person/s x		\$100	Total <input type="text"/>

PAYMENT DETAILS 2

EFT: Qld Alpine Sports Medicine BSB 034-058 Acct. 375273 Reference: (surname) QASM24

CONFERENCE PAPER TITLE

Registration (delegate)	<input type="text"/>
Accompanying Person	<input type="text"/>
Grand Total =	<input type="text"/>

CONTACT

Mailing Address:
Queensland Alpine Sports Medicine
 301 Riding Road, Balmoral Brisbane 4171 Australia
Ph: 07 3395 6099 Fax: 07 3395 6144

ACCOMMODATION DETAILS

For accommodation bookings please contact Smiggins Hotel stay@smiggins.com.au

Smiggins Hotel
 PO Box 28, Perisher Valley NSW 2624

Ph: 02-6457 5375
Fax: 02-6457 5475

REFUND POLICY : All cancellations must be notified by email or facsimile to the Secretary/Treasurer (Drlynnereid@gmail.com)

Qld Alpine Sports Medicine ABN 98 165 637 543 Once paid this form becomes a tax invoice.

To register, complete this document, then email me a copy, along with a copy of bank confirmation of funds transfer, to Drlynnereid@gmail.com
A 50% refund will be provided for cancellations after 14th July 2024, until 28th July 2024, after which no refund will be possible.