



Section 1 – Personal details

Title _____ First name _____ Last name _____

Position _____

Organisation _____

Address _____

Town/Suburb _____ State _____

Postcode _____ Country _____

Telephone* _____ Facsimile* _____ Mobile* _____

**Area code required for Telephone and Facsimile. If outside Australia, please also add country code.*

Email address _____

Dietary/special requirements for the conference and social functions

Vegetarian Vegan Gluten free Lactose free *Kosher *Halal

**Please note that Kosher and Halal meals may incur additional charges at your own expense*

Other dietary requirements _____

Section 2 – Registration fees (All fees are quoted in Australian dollars (\$) and are inclusive of GST)

Please select your registration category by ticking the appropriate box below.

Delegates

Standard

ALA Member/ILF Affiliate

\$1,205

ALA Member/ILF Affiliate Number: _____

Non-Member

\$1,415

Full time Student*

\$700

Developing Nations

\$700

Day Registration

\$450 per day

Please indicate which days you are attending: Thurs Fri Sat

**Reduced rate available to full time students; proof of enrolment must be supplied*

Registration fee total: \$ _____

Section 3 – Pre & Post Conference Workshops (All fees are quoted in Australian dollars (\$) and are inclusive of GST)

Workshops – Wednesday 25 May 2016

Cost

3M™ Coban™ 2 Compression Bandaging Refresher AM – 9am to 12pm
(Only available to Australian and New Zealand registrants)

\$0.00

3M™ Coban™ 2 Compression Bandaging Refresher PM – 1.30pm to 4.30pm
(Only available to Australian and New Zealand registrants)

\$0.00

Communication Challenges in Clinical Practice – 9am to 12pm

ALA Member/ILF Affiliate	<input type="checkbox"/> \$120
Full time Student*	<input type="checkbox"/> \$120
Developing Nations	<input type="checkbox"/> \$120
Non-Member	<input type="checkbox"/> \$150

Exercise and its Role in the Prevention and Treatment of Lymphoedema – 9am to 12pm

ALA Member/ILF Affiliate	FULL
Full time Student*	FULL
Developing Nations	FULL
Non-Member	FULL

Lipoedema - Diagnosis, Assessment and Treatment – 1.30pm to 4.30pm

ALA Member/ILF Affiliate	<input type="checkbox"/> \$120
Full time Student*	<input type="checkbox"/> \$120
Developing Nations	<input type="checkbox"/> \$120
Non-Member	<input type="checkbox"/> \$150

Wound Management and Lymphoedema - What, When and Where – 1.30pm to 4.30pm

ALA Member/ILF Affiliate	<input type="checkbox"/> \$120
Full time Student*	<input type="checkbox"/> \$120
Developing Nations	<input type="checkbox"/> \$120
Non-Member	<input type="checkbox"/> \$150

Workshops – Sunday 29 May 2016**Cost****Lymph Taping - Strategies for the Tropics: Can Tape Replace a Garment? – 9am to 12pm**

ALA Member/ILF Affiliate	<input type="checkbox"/> \$120
Full time Student*	<input type="checkbox"/> \$120
Developing Nations	<input type="checkbox"/> \$120
Non-Member	<input type="checkbox"/> \$150

Assessment and Treatment of Soft Tissue Problems Post Breast Cancer Surgery – 9am to 12pm

ALA Member/ILF Affiliate	FULL
Full time Student*	FULL
Developing Nations	FULL
Non-Member	FULL

Lymph Taping - Applications for Lymphoedema – 1.30pm to 4.30pm

ALA Member/ILF Affiliate	FULL
Full time Student*	FULL
Developing Nations	FULL
Non-Member	FULL

Pre & Post Conference Workshops total: \$ _____

Section 4 – In-Conference Workshops

Delegates will be able to participate in 3 one-hour workshops (one on each day of the conference). Please note the number of participants in some workshops is limited.

Please select the workshop you wish to attend using the drop down lists below.

Please see the workshop timetable below:

Thursday 26 May 11.30 -12.30

Workshop 1: Medical ignorance and lymphology: Unquestioned answers and unanswered/unasked questions

Workshop 4: Lymphatic filariasis and its management - a model for all the complex causes of lymphoedema

Workshop 5: Subcutaneous Adipose Tissue (SAT) Disorders: Similarities and Differences

Workshop 2: Identifying and responding to depression and anxiety

Please enter the workshop you wish to attend: _____

Friday 27 May 11.35 -12.35

Workshop 5: Subcutaneous Adipose Tissue (SAT) Disorders: Similarities and Differences

Workshop 1: Medical ignorance and lymphology: Unquestioned answers and unanswered/unasked questions

Workshop 3: Guarded hope and new frontiers in lymphoedema

Please enter the workshop you wish to attend: _____

Saturday 28 May 7.15 – 8.15

Workshop 2: Identifying and responding to depression and anxiety

Saturday 28 May 12.00 – 1.00

Workshop 3: Guarded hope and new frontiers in lymphoedema

Workshop 7: National Lymphoedema Frameworks: achievements, aspirations and challenges

Workshop 6: Surgical management for lymphoedema: developing partnerships with local lymphoedema practitioners to achieve positive long term outcomes

Please enter the workshop you wish to attend: _____

Section 5 – Social Functions

The Welcome Reception on is inclusive in all full delegate registrations; however your indication of attendance is still necessary. Entry is limited to ticket holders only.

Welcome Reception Thursday 26 May 2016

Delegate*

**Inclusive with full registration*

Additional Ticket

I would like to purchase _____ additional ticket/s at \$85 each.

Conference Dinner
Friday 27 May 2016

Ticket

I would like to purchase _____ ticket/s at \$130 each

Social Functions fee total: \$ _____

Section 6 – Summary of payments

Section 2	Registration fees	\$ _____
Section 3	Pre & Post Conference Workshops	\$ _____
Section 5	Social Functions	\$ _____

Total payment enclosed: \$ _____

METHOD OF PAYMENT

All payments must be made in Australian dollars.

Credit Card – Please complete the following details:

Visa Mastercard American Express Diners

Credit Card Number

Card Holder's Name _____

CVC Number _____

Expiry Date ____/____/____ Signature _____

Please note that debits to your credit card will appear as *ICMS Australasia* on your credit card statement.

I consent to the collection, use and disclosure of information (excluding credit card details) provided in this registration form in Accordance with and for the purpose outlined above.

Signature: _____ Date: _____