



**THE SOCIETY FOR MEDICAL  
AND BIOLOGICAL ENGINEERING  
(N.S.W)**

ABN: 77 878 685 919

PLEASE ADDRESS ALL  
CORRESPONDENCE TO:

THE HON. SEC.  
P.O. BOX 545  
LANE COVE  
NSW 1595  
0429 027 422

**Registration Form**  
**21<sup>st</sup> Annual SMBE (NSW) Country Biomedical Engineering  
Training Seminar –Canberra ACT Australia**  
*“The Country Technician’s Meeting “*  
**Dates: 30<sup>th</sup>, 31<sup>st</sup> March and 1<sup>st</sup> April 2009**

**Venue: Hellenic Club of Canberra**  
Matilda Street, Woden, ACT  
**Telephone:** (02) 6162 6628 [www.hellenicclub.com.au](http://www.hellenicclub.com.au)

**First Name:**

**Surname:**

**Business Address:**

**State:**

**Postcode:**

**E-mail:**

**Phone BH:**

**Fax:**

**Mobile:**

**Organisation or Affiliation:**

**Position/Title:**

**Registration Fee:** (Please tick box  of option selected)

- Financial members of SMBE (NSW) 2008 – 2009 **\$110**
- Current Members of other SMBE (Proof reqd.) **\$165**
- Non-members & Non-financial members of SMBE (NSW) **\$220**
- Students undertaking relevant full time studies etc **\$66**
- Day registration – Mon / Tues / Wed (indicate which day) **\$44**
- Join us now as a new member with your membership fees paid to June 30<sup>th</sup> 2010 & a 2009 Full conference Registration **\$253**
- SMBE (NSW) Committee member working at the conference Nil cost

**Sub-Total \$ .....**

**See over**

Will you be attending the Welcome BBQ on Sunday evening 29<sup>th</sup> March? YES / NO  
(This is included in the Full Conference Registration and will be held at The Canberra Yacht Club)

Will anyone be accompanying you at the BBQ YES / NO

How many extra? \_\_\_\_ Adults@ \$20pp \_\_\_\_ Children under 15 yo @ \$5pp = \$.....

Name(s) \_\_\_\_\_

Will you be attending the Conference Dinner on Monday 30<sup>th</sup> March YES / NO  
(This is included in the Full Conference Registration and will be held at the Old Parliament House)

Will anyone be accompanying you at the Dinner YES / NO

How many extra? \_\_\_\_ Adults@ \$55pp \$.....

Name(s) \_\_\_\_\_

**Sub-Total \$ .....**

Does anyone attending have any special dietary requirements, food intolerances or allergies? We will try & cater as requested.

Please detail requirements \_\_\_\_\_

**Total Cost for Conference Registration (GST inc) \$.....**

Payment by mail by Cheque payable to SMBE NSW Inc PO Box 545 Lane Cove NSW 1595  
or Direct Payment to SMBE NSW A/C

**Bank St. George**  
**Account Name SMBE NSW**  
**Branch Number 112-879**  
**Account Number 145 280 082**

(Sorry no Credit Card or EFTPOS)

**N.B. This registration form must be received by fax, mail or E-mail by the 16th March 2009.**

Send to: Steve Mackenzie Treasurer SMBE (NSW) Inc  
PO Box 545 Lane Cove 1595 NSW  
E-mail: treasurer@smbensw.org.au

**Fax No:** (02) 6363 8097 and **Mobile:** 0449 902 758 **Phone:** (02) 6363 8094