

## Special Interest Meetings

### Allied Health & Nurses:

Sunday 30th August 2009

Please indicate which group you will be attending  
(tick ONE)

- |  |  |
|--|--|
| <input type="checkbox"/> Nurses SOC      | <input type="checkbox"/> Nurse SP                    |
| <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Pharmacist                  |
| <input type="checkbox"/> Social Worker   | <input type="checkbox"/> Psychologist                |
| <input type="checkbox"/> Dietitian       | <input type="checkbox"/> Centre Directors<br>Meeting |

For details of meetings refer to page 6 of Preliminary Program

### Physiotherapy off-site workshop

see enclosed flyer

## Accommodation

Conference Secretariat has made arrangements with the Sofitel Grand Central Brisbane and a number of hotels/apartments in the vicinity of the Conference venue

Details can be found on pages 24 & 25 of the Preliminary program.

### ALL ACCOMMODATION TO BE BOOKED WITH VENUES DIRECT

We strongly recommend that accommodation be secured as early as possible, due to other activities in Brisbane over this period.

### SPONSORS & EXHIBITORS

#### Solvay Pharmaceuticals

#### Roche Products

#### Phebra

#### Technipro

#### Niche Medical

#### Fischer & Paykel

Conference Secretariat  
Cystic Fibrosis Australia  
PO Box 254  
North Ryde NSW 1670  
Australia



## 8th AUSTRALASIAN CYSTIC FIBROSIS CONFERENCE



Sofitel Brisbane Grand Central  
29th August to 1st September 2009

## Registration Form

One person per form please (copy for multiple registrations)  
Tax Invoice will be sent as confirmation of registration

Title:  Dr / Mr / Mrs / Ms /Miss Other:.....

Given Name: .....

Surname: .....

Profession: .....

Organisation: .....

Postal Address: .....

Suburb: ..... State:.....

Post Code:..... Country: .....

Phone (W) .....

Mobile: .....

E-mail: .....

Please post your registration and payment to:

Conference Secretariat  
Cystic Fibrosis Australia  
PO Box 254

North Ryde NSW 1670 Australia

To register online:

<http://www.cysticfibrosis.org.au/cfaustralia/cfa-confreg/>

<http://www.cysticfibrosis.org.au/>

Phone: 61 2 9878 5250

Fax: 61 2 9878 5058

Email: [annmaree@cysticfibrosisaustralia.org.au](mailto:annmaree@cysticfibrosisaustralia.org.au)

# Cystic Fibrosis Australia

ABN: 73 104 285 136

## 8th Australasian

### Cystic Fibrosis

### Conference

#### 1. Full Registration (includes GST)

##### Register prior to 17th July 2009

- Medical / Scientific  \$545  
Sunday, Monday, Tuesday
- Allied Health & Nurses  \$420  
Sunday, Monday, Tuesday
- Research Fellows/Medical Students  \$420  
Sunday, Monday, Tuesday
- Lay Program  \$240  
Saturday, Sunday

##### Register after 17th July 2009

- Medical / Scientific  \$595  
Sunday, Monday, Tuesday
- Allied Health & Nurses  \$465  
Sunday, Monday, Tuesday
- Research Fellows/Medical Students  \$465  
Sunday, Monday, Tuesday
- Lay Program  \$270  
Saturday, Sunday

#### 2. Day Registrations (Social Functions not included in Day Registrations)

- LAY PROGRAM**  \$135
- Saturday 29th August
  - Sunday 30th August
- Total** \$.....

#### HEALTH PROFESSIONALS

- Medical / Scientific  \$320
  - Allied Health & Nurses  \$230
  - Research Fellows/Medical Students  \$230
- Sunday 30th August 2009
  - Monday 31st August 2009
  - Tuesday 1st September 2009

#### 3. Breakfast Sessions LIMITED SPACES AVAILABLE Monday & Tuesday - \$40.00

##### Medical, Allied Health and Nurses Only

- Debate: changing/emerging roles - **Monday**  
*All sessions below on Tuesday 1st September*
- CF Data Registry
- Venous access
- Impact of CFRD on Physiotherapy
- HFCWO in CF: experiences from the UK
- What are we doing about CF bones?
- Lick, sip, suck salt & hydration issues in Queensland
- After hours management abdominal pain

#### 4. Conference Dinners

- Lay Dinner:** Saturday 29th August 2009  
Number of Tickets.....@ \$60.00 each
- Conference Dinner:** Monday 31st August 2009  
Number of Tickets ..... @ \$105 each
- Total \$.....

#### Payment

##### All prices include GST

- 1. Full Registration \$.....
- 2. Day Registration \$.....
- 3. Breakfast Session (M) \$.....
- 4. Breakfast Sessions (T) \$.....
- 5. Conference Dinner \$.....
- 6. Lay Dinner \$.....

#### Total Registration \$.....

#### Cheque/Money Order

payable to: "Cystic Fibrosis Australia"

**Bank Draft** - Original Transfer Order to  
A/C No. 06 2227 1001 1488 "Cystic Fibrosis Australia"

**Please Debit** my  Visa  Mastercard No:

...../...../...../.....

Expiry Date ...../.....

Card Holders Name:

.....

(please print clearly)

Signature: .....