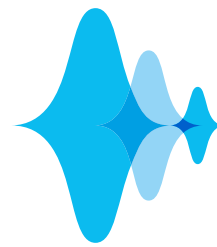


# REGISTRATION FORM

ACAud National Congress Melbourne 2022



ACAud  
**NATIONAL  
CONGRESS**  
MELBOURNE 2022

## APPLICATION TO SPONSOR

I would like to sponsor the ACAud National Congress 2022

I would like to take up the following package/s should they still be available:

## APPLICATION TO EXHIBIT

I would like to Exhibit at the ACAud National Congress 2022

Number of booths required:

Please indicate below your 1st, 2nd, & 3rd preferences for booths:

1st:

2nd:

3rd:

## COMPANY DETAILS

Please complete the following with your Company details and key contact person in relation to your Sponsorship/Exhibition booth.

Title:      Dr      Prof      Mr      Mrs      Ms      Miss      Other:

Surname:

First Name:

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## PAYMENT DETAILS

I would like to make payment by (Please Tick)

Cheque Made payable to Australian College of Audiology

E.F.T. Account Name: Australian College of Audiology; BSB: 064170; Account Number: 10708516

A remittance advice must be provided for your payment to be credited and please ensure you reference payment with your company name

## RETURN AND FURTHER DETAILS

Please return this form with payment to: Australian College of Audiology (ACAud)

Attention: Kylie Dicieri

Email: [acaud@acaud.org](mailto:acaud@acaud.org)

Phone: 07 3839 1622

Mobile: 0429 357 375

Fax: 07 3839 1822

## AGREEMENT TO TERMS AND CONDITIONS

I wish to register for the ACAud Congress and I acknowledge the registration terms and conditions including the cancellation policy

Signature:

Date: