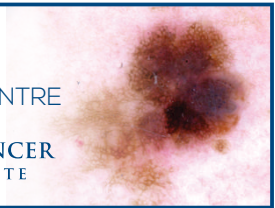




10<sup>th</sup> SKIN CANCER  
SUMMIT AND  
MASTERCLASSES  
2018

25-28 JULY 2018

BRISBANE CONVENTION & EXHIBITION CENTRE



## Personal details

Name (for certificate):	
Medical Practice Name:	
Postal Address:	
Phone:	Mobile:
Fax:	Email:
Member of: <input type="checkbox"/> RACGP <input type="checkbox"/> ACRRM <input type="checkbox"/> RNZCGP <input type="checkbox"/> Other:	CPD Number:
Dietary requirements:	
How did you hear about us?	

## Registration

TWO-DAY SUMMIT	TWO-DAY SUMMIT + ONE MASTERCLASS	TWO-DAY SUMMIT + BOTH MASTERCLASSES	TWO-DAY SUMMIT ONLINE LIVE STREAM
<input type="checkbox"/> Early Bird Rate* : \$1,395	<input type="checkbox"/> Early Bird Rate* : \$2,190	<input type="checkbox"/> Early Bird Rate* : \$2,985	<input type="checkbox"/> Early Bird Rate* : \$1,195
<input type="checkbox"/> Full price : \$1,495	<input type="checkbox"/> Full price : \$2,390	<input type="checkbox"/> Full price : \$3,285	<input type="checkbox"/> Full price : \$1,295

\*The Early Bird rate expires on 28 June 2018 and cannot be used in conjunction with the Alumni or GP Registrars Special. Alumni and GP Registrars save \$200 on the Summit and \$150 on each Masterclass.

<b>MASTERCLASSES</b> 25-26 JULY 2018	<input type="checkbox"/> Dermoscopy Masterclass 25 July 2018	<input type="checkbox"/> Surgery Masterclass 26 July 2018
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**Please select the Masterclass(es) you wish to register for. Masterclasses must be booked in conjunction with Summit.**

After the Summit, please join us for a night of fun and fundraising at the **Skin Cancer Institute's** first annual Gala Dinner "White Out Skin Cancer". Expect a fantastic dinner, great entertainment and a live auction. All proceeds benefit skin cancer research. Partners welcome.

<b>FUNDRAISING GALA DINNER</b> 28 JULY 2018, 6:00PM	<input type="checkbox"/> Single ticket: \$165	<input type="checkbox"/> Table of 8: \$1,280	<input type="checkbox"/> Table of 10: \$1,550
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## Payment method

Direct Deposit:	Account Name: Event Motion. BSB: 065 115. Account Number: 1036 4562 REF: Your surname (Not available for deferred payment option)		
Credit Card:	<input type="checkbox"/> Master Card	<input type="checkbox"/> VISA	<input type="checkbox"/> American Express
Name on Card:			
Card Number:			
Exp: MONTH / YEAR	CVC:		
Signature:			

**Allocations to the above education events are only secured once payment and registration have been processed. All prices are inclusive of GST.**

Please return the completed form by fax to +61 7 3319 6251 or email to [admin@healthcert.com](mailto:admin@healthcert.com)



1300 85 66 95 | [info@healthcert.com](mailto:info@healthcert.com) | [www.skincancerconference.com.au](http://www.skincancerconference.com.au)