

**Confirmed
International Faculty:**

Grant Christey, New Zealand

Chad Ball, USA

Deborah Harkins, USA

John Preto, Portugal

Elmin Steyn, South Africa



SWAN XVII TRAUMA CONFERENCE

30th & 31st JULY 2010

EDUCATION CENTRE LIVERPOOL HOSPITAL, SYDNEY, AUSTRALIA

Please complete (print clearly) and return to:

**SWAN Conference Manager, Trauma Department
Liverpool Hospital, Locked Bag 7103, Liverpool BC NSW 1871 Australia**
Phone: 61 2 9828 3927 Facsimile: 61 2 9828 3926

Name _____

Address _____

Suburb _____ Post Code _____

Phone No _____ Fax No _____

Position _____ Email _____

Hospital/Institution _____

This document will be a Tax Invoice for GST purposes when you make a payment. Refer A.T.O Ruling GSTR 2000/17 (Paragraph 26). Our ABN No. is 55 338 004 696

Registration Fees	Medical	Nursing Non-medical	Ambulance
Before 30th April, 2010	\$475	\$375	\$300
After 1st May, 2010	\$560	\$425	\$350

Refunds minus administration fee of \$80 will be given for written cancellation up to 1st June, 2010; from 1st June to 15th July, 2010 a refund of 50% will be given. After 15th July 2010, no refund will be given. Registration forms without funds will not be processed.

Upon receipt of the registration fee, a receipt will be forwarded to you. A waiting list may have to be used once all places are filled. All prices include GST. Fee includes program material, lunch, morning & afternoon teas and a cheese & wine reception. Speakers are subject to change. You need to be aware that there may be a CD made and have no objection to being in the audience. Please indicate if you are an employee of Sydney South West Area Health Service.

Payment Total Amount \$ _____ [] Cheque

Cheques payable to Sydney Southwest Area Health Service.

Please forward cheques to the Trauma Department, Liverpool Hospital

[] Credit Card (Diners or American Express cannot be accepted)

Please debit my Mastercard Visa

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Amount \$ _____ Expiry Date _____

Name on card _____ Signature _____

COVERING

Management of complex trauma
for

- Pre-hospital retrievals
- Emergency Department
- Surgical
- Intensive Care Unit

FREE PAPERS AND POSTERS

Prizes awarded.

Please submit by 15th June 2010.

If a free paper/poster is accepted for the conference the author/s must register for the meeting.