



21st PANDDA Conference

Coming of Age: A Celebration of
Intellectual/ Developmental Disability Nursing

Conference registration

Conference date and venue

27 August 2010, Mercure Sydney Parramatta Hotel, Parramatta NSW Australia
106 Hassall Street Rosehill NSW 2142, phone: 02 8836 1004

Conference registration

Registration forms are available at: www.pandda.net
Early Bird before 9 August 2010: Members: \$110.00: Non Members: \$160.00
After 9 August 2010: Members: \$130.00: Non Members: \$190.00

CPP/CPD/CPE points

The conference program is currently being reviewed for accreditation.
Nurses attending the conference will receive accreditation points to add
to their portfolios for annual registration.

Parking

Free undercover parking is available at the venue.

Public transport

Take a train to Parramatta or Rosehill railway station.

Stay the night

Why not stay the night before and beat the traffic or stay and relax after
the Conference. For a good room rate contact Mercure Sydney Parramatta
Hotel on 02 8836 1000 and Quote Code: PAN260810.

More information

For further information contact Bob Weaver, Conference Convenor,
phone 0408 878 538, fax 02 4787 7011 or email: conference@pandda.net



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Professional Association of Nurses in
Developmental Disability Areas (Aust) Inc.
www.pandda.net

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Mercure Sydney Parramatta Hotel, Parramatta NSW Australia

TAX INVOICE

ABN: 23-647-452-897

REGISTRATION

Payment is accepted by personal cheque, bank cheque or money order (made payable to PANDDA (Aust) Inc.) or by direct deposit to ANZ bank account number: 938 560 797, BSB number: 012 370.

Please include payment with your completed form and post to:
The Conference Registrar, PANDDA Inc., PO Box 3633, Parramatta NSW 2124.

REGISTRATION FEE (Including GST)

Early Bird before 9 August 2010: Members: \$110.00: Non Members: \$160.00

After 9 August 2010: Members: \$130.00: Non Members: \$190.00

The registration fee includes entry to conference sessions, conference materials, tea and coffee on arrival, morning tea, lunch, afternoon tea and farewell drinks. Receipts will be issued on the day.

DELEGATE DETAILS

Title: _____

Surname: _____

First Name: _____

Member: _____ Yes No

Postal Address: _____

City/Town: _____

State: _____ Postcode: _____

Phone: _____ Fax: _____

Mobile: _____

Place of Work: _____

Address: _____

Email: _____

Preferred Name on Badge: _____

Special Requirements (Dietry & Other): _____

If your employer is paying the conference fee, please send a copy of this registration form to PANDDA.

CANCELLATION FEES

Cancellations must be notified by phone 0408 878 538, fax 02 4787 7011 or by email to conference@pandda.net. A suitable delegate may be nominated at any time at no extra cost.



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