



# Women in Medicine

## BREAKFAST 2021

THURSDAY 7 OCTOBER 2021 | 7AM TO 9AM  
MARQUEE, VICTORIA PARK, HERSTON

### BOOKING FORM

#### STUDENT/DIT MEMBER

PER PERSON – **\$70**  
TABLE OF 10 – **\$650**

**AMA QUEENSLAND MEMBERS**  
*(includes practice staff in the employ of members  
and Queensland Women's Medical Society (QWMS))*

PER PERSON – **\$75**  
TABLE OF 10 – **\$700**

#### NON-MEMBERS

PER PERSON – **\$85**  
TABLE OF 10 – **\$800**

#### ATTENDEE DETAILS

Name:  Dr  Mr  Ms  Mrs  Miss (Please tick) \_\_\_\_\_

Student/DiT member  Member  Non-member (Please tick) Member number: \_\_\_\_\_

Organisation: \_\_\_\_\_

Office phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Dietary requirements: \_\_\_\_\_

For additional attendees or table bookings, please complete the booking form overleaf.

#### PAYMENT DETAILS

Credit card:  Visa  Mastercard  AMEX Amount: \$ \_\_\_\_\_

Card number: \_\_\_\_\_ Expiry date: \_\_\_\_ / \_\_\_\_ CCV: \_\_\_\_\_

Cardholder's name: \_\_\_\_\_ Signature: \_\_\_\_\_

Direct deposit: Contact the Events Team on (07) 3872 2222.

#### SUBMIT BOOKING FORM

EMAIL: [registrations@amaq.com.au](mailto:registrations@amaq.com.au)

FAX: (07) 3856 4727

For any enquiries, please contact the Events Team on (07) 3872 2222.

#### PRIVACY INFORMATION:

AMA Queensland's primary purpose of collecting personal information on this form is to process your purchase. In providing your details you consent to your personal details being used in the manner indicated. ABN: 17 009 660 280

For AMA Queensland's Events Terms and Conditions visit:  
[ama.com.au/qld/events/terms-and-conditions](http://ama.com.au/qld/events/terms-and-conditions)



# Women in Medicine

BREAKFAST 2021

## ADDITIONAL ATTENDEES AND GROUP BOOKINGS

1

### ADDITIONAL GUEST

Name:  Dr  Mr  Ms  Mrs  Miss (Please tick) \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Dietary requirements: \_\_\_\_\_

2

### ADDITIONAL GUEST

Name:  Dr  Mr  Ms  Mrs  Miss (Please tick) \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Dietary requirements: \_\_\_\_\_

3

### ADDITIONAL GUEST

Name:  Dr  Mr  Ms  Mrs  Miss (Please tick) \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Dietary requirements: \_\_\_\_\_

4

### ADDITIONAL GUEST

Name:  Dr  Mr  Ms  Mrs  Miss (Please tick) \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Dietary requirements: \_\_\_\_\_

5

### ADDITIONAL GUEST

Name:  Dr  Mr  Ms  Mrs  Miss (Please tick) \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Dietary requirements: \_\_\_\_\_

6

### ADDITIONAL GUEST

Name:  Dr  Mr  Ms  Mrs  Miss (Please tick) \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Dietary requirements: \_\_\_\_\_

7

### ADDITIONAL GUEST

Name:  Dr  Mr  Ms  Mrs  Miss (Please tick) \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Dietary requirements: \_\_\_\_\_

8

### ADDITIONAL GUEST

Name:  Dr  Mr  Ms  Mrs  Miss (Please tick) \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Dietary requirements: \_\_\_\_\_

9

### ADDITIONAL GUEST

Name:  Dr  Mr  Ms  Mrs  Miss (Please tick) \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Dietary requirements: \_\_\_\_\_