





## **REGISTRATION COSTS**

- Delegates .....AU \$400
- Non-Surfing Delegates .....AU \$400
- Single Supplement - please contact us .....AU \$
- Grand Total .....AU \$ \_\_\_\_\_
- 25% Deposit due at time of booking .....AU \$ \_\_\_\_\_
- Balance Due within 60 days of departure .....AU \$ \_\_\_\_\_

Balance due is payable in full within 60 days of departure. Note there is no GST payable as the entire activity is conducted overseas. Please note that non-medical family or friends are welcome to join this trip but even if they do not intend to attend the conference component, the registration costs are the same for them.

## **TERMS AND CONDITIONS**

The total conference registration costs are payable at the time of the booking. The conference and their contractors accept no responsibility for sickness or injury. All attendees should take out personal travel insurance and health insurance. Please indicate below that you agree to these terms.

### **MEDICINE ON THE EDGE - BOOKING CONDITIONS - GENERAL PROVISIONS v1.5**

#### **Accuracy of Information and Limitation of Liability**

Medicine on the Edge (MOTE) does not endorse or recommend any particular travel service provider. MOTE takes reasonable care that the travel information provided is correct but is subject to amendment at any time without notice. You acknowledge and accept that MOTE provides information in good faith. MOTE cannot and does not check the accuracy of all information provided by travel service providers. You should make your own evaluation of the accuracy or completeness of any information, opinion and advice. You are solely responsible for the suitability of any travel services, which you purchase; MOTE is not liable for any inconvenience caused or expense incurred as a result of any unsuitability of travel. Under no circumstances will MOTE be liable for direct, indirect, consequential or incidental damages including but not limited to lost profits or savings or damages for disappointment.

#### **Use of your contact information**

You agree and consent that MOTE may use, including sharing with third parties, your contact information (i.e. your name, physical / postal address and / or other contact details) for all purposes directly connected with your conference registration.

#### **Travel Documentation**

Passport, Visa and Health requirements are the responsibility of all individual travellers. Passports are required for all travellers departing Australia. Permanent residents travelling on a foreign passport must hold a valid Australian Re-entry Visa. Many countries require that foreign nationals entering hold a passport with at least six months validity. The final responsibility for ensuring documentation is correct is that of the individual traveller.

#### **Liability**

MOTE does not warrant the accuracy, completeness, or fitness for a particular purpose of any services provided by any Supplier and to the maximum extent permitted by any law disclaims all implied warranties in connection with same. In no event shall we be liable for any injury, loss, claim, damage or any incidental or consequential damages, including but not limited to lost profits or savings, arising out of or in any way connected with the conference arrangements made.

#### **Cancellation Charges**

Cancellations must be notified to MOTE in writing as soon as possible. Your notice of cancellation will take effect as soon as it is received. As we incur costs from the time we first accept your booking we will apply the following cancellation charges:-

<b>Days prior to departure when cancellation received</b>	<b>Cancellation Charge (% of total cost)</b>
57 or more	Deposit
56-29	50%
less than 29	100%

#### **Travel Insurance**

It is strongly recommended that all travellers obtain travel insurance against cancellation or amendment fees as well as providing sufficient medical cover.

#### **Changes to these Terms and Conditions**

MOTE has the right to at any time it sees fit to change or modify all or any part of these terms and conditions.

Please make cheques payable to Medicine on the Edge. Alternatively please contact us by email if you wish banking details for direct deposit.

I have read and understood these terms and conditions and agree to be bound by them:

NAME: \_\_\_\_\_ SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

Complete forms should be mailed to:- Medicine on the Edge PO Box 1027 WYNNUM QLD 4178 AUSTRALIA  
On receipt we will contact you to confirm your reservation.