

PMASA CME and Gala Dinner 8 September 2018 RSVP



Your name: _____

CME Activity: Saturday, 8 September 2018 8:30 am – 2:15 pm (See CME flyer for details)

- Yes, I will be attending the CME. If yes, please indicate which session(s) you will be attending:
 Palliative Care Diabetes Cardiology ECG Workshop (note that CPR is FULLY BOOKED)

Gala Dinner: Saturday, 8 September 2018 6:00pm for 6.30pm start (See Gala dinner flyer for details)

Member: Yes, I will attend Gala @ \$50 = _____ No, I cannot attend Gala

Spouse: Yes Spouse name : _____ No spouse attending

Is spouse a PMASA Member? Yes @ \$ 50 (complete status below) No @ \$ 50 = _____

Children: will attend Gala dinner (crèche service available): Yes No If yes, details below:

Please indicate number of children under 2 years: _____ @ \$50 each = \$ _____

Please indicate number of children aged 2 - 4 years: _____ @ \$50 each = \$ _____

Please indicate number of children aged 5 – 13 years: _____ @ \$50 each = \$ _____

Please indicate number of children above 13 years: _____ @ \$50 each = \$ _____

Guests: I will be bringing guest(s) Yes No If yes, How many _____ @ \$100 each = \$ _____

(Maximum 2 guests subject to availability) If yes, name of guest(s): _____

2018 - 2019 membership status: PAID / UNPAID?

Yourself:	<input type="checkbox"/> Full member @ \$150	Your Spouse:	<input type="checkbox"/> Full member @ \$ 100
	<input type="checkbox"/> Associate member @ \$100		<input type="checkbox"/> Associate member @ \$ 75
	<input type="checkbox"/> Student / IMG @ \$ 0		<input type="checkbox"/> Student / IMG @ \$ 0

Payment options:

1. Credit card:

____ / ____ / ____ CVV _____

Expiry Date: ____ / ____ AMOUNT \$ _____

2. Direct deposit

PMASA Inc. (Note bank details have changed)

BSB: 035 052

A/c No: 326 125

(Please put your full name in the reference)

Copy of Bank Remittance Advice to be emailed to tracey@amasa.org.au

CME: FREE for PMASA Members

GALA DINNER:

\$50 for PMASA Financial Members

\$50 for member's spouse

\$50 for children aged 0-13 and 13+

\$50 for IMG / Medical Students

\$100 for non-members (e.g. guests) Limit of 2

Please note children under 13 years will be seated in the childcare facility with food and kids' entertainment provided

Your details:

Mobile number: _____

Email: _____

Signature: _____

To ensure your booking is received, please email or fax this form by no later than 23 August 2018 to:

Tracey DiBartolo (PMASA Secretariat)

Email: tracey@amasa.org.au Fax: (08) 8267 5349 Phone: (08) 8361 0105



Pakistani Medical Association of South Australia



PMASA ANNUAL GALA DINNER 2018

SATURDAY 8TH SEPT 2018

6PM ARRIVAL FOR PRE-DINNER DRINKS AND 6.30PM START

VENUE: NATIONAL WINE CENTRE

CORNER OF BOTANIC & HACKNEY ROAD, ADELAIDE, SA 5000

\$50 for PMASA financial members (2018-2019)
\$50 for member's spouse and children aged 13+
\$50 for children aged 0-12 years
\$50 for Medical Student / IMG Members
\$100 for non-members (e.g. guests) Limit of 2

Entertainer:

Internationally Renowned Sufi singer 'Farhan Shah'

Free crèche service and kids entertainment

RSVP at www.pmasa.org.au/Event

Your login information has been sent by separate email on 30 June 2018

OR: complete the attached form and return to tracey@amasa.org.au

OR: phone Tracey on 8361 0105

Pakistani Medical Association, South Australia Inc. (PMASA)



Level 2, 161 Ward Street, North Adelaide, SA 5006

Tel: 08 83610105. www.pmasa.org

Email: pakistanimedicalassociationsa@gmail.com