

# 2025 QAAMS WORKSHOP

14 & 15 May

Boorloo - Perth Convention & Exhibition Centre

## REGISTRATION FORM – WORKSHOP PARTICIPANT

Please take a copy of the signed form for your records before forwarding to qaams@flinders.edu.au

**Important: This form must be signed by your Manager/CEO before submitting**

**Closing date for registration is Friday - 14 March 2025!**

Health Service Name	
Community Number	
Your Name	
Occupation	
State/Territory	
Email Address	
Mobile Number	

Will your accommodation be booked by your Service directly through a preferred travel supplier?

Yes

No

Will you be booking accommodation (discounted rate offer) via Accommodation Link? Please refer to the Information page, including special discounted accommodation rate details, supplied with this form. Accommodation preference must be selected during online booking.

Yes

No



<https://www.conferencenational.com.au/qaams-workshop-2025>

**\*Please note a valid credit card must be provided at the time of booking to secure rooms.**

Device training required (please choose one device)

DCA Vantage

HbA1c

Urine ACR



Atellica DCA

HbA1c

Urine ACR



Would you be prepared to present on how Point of Care Testing is used at your Clinic or Health Service?

Yes

No

QAAMS will provide lunch and refreshments during the Workshop (9-5pm). Do you have any food allergies?

Yes

No

If yes, please specify below along with any potential allergic reactions:

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Do you have any dietary requirements?

Yes

No

If yes, please specify below

Dairy Free

Lactose Free

Vegan

Other

Gluten Free

Vegetarian

No Seafood

Will you be attending the Workshop Dinner at the Goodwood Restaurant, Optus Stadium on Wednesday 14 May 2025? Please note: any allergies or dietary restrictions specified above will also be recorded for the dinner.

Yes

No

Transportation will be arranged for the workshop dinner on Wednesday, May 14, 2025. Pickup and drop-off services will be provided from the Parmelia Hilton, Adina Apartment and Oaks Perth hotels that evening. Kindly inform us if you require transportation to the dinner.

Yes

No

Should the occasion arise, are you comfortable with being photographed during the Workshop?

Yes

No

### **Manager/CEO Approval**

Name and Position	
Company	
Email Address	
Mobile Number	
Signature	
Date	

When you have completed this form, please email to: [qaams@flinders.edu.au](mailto:qaams@flinders.edu.au)

**We look forward to seeing you in Boorloo-Perth!**