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 book ☐Yes	ed by your Service directly through a preferred travel supplier?
□No	
	on (discounted rate offer) via Accommodation Link? Please refer to ecial discounted accommodation rate details, supplied with this form. be selected during online booking.
□Yes	
□No	
ACCOMING PATTION LINK https://www.c	conferencenational.com.au/qaams-workshop-2025

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

To assist with recent QAAMS staff movements and the transition from the DCA Vantage to the Atellica DCA, we can only offer Atellica DCA training at the May 2025 Workshop.

Device training required

Atelllica DCA

□HbA1c

□Urine ACR



Would you be prepa	red to present on how Poi	nt of Care Testing is used	at your Clinic or Health Service?
□Yes			
□No			
QAAMS will provide lallergies?	lunch and refreshments d	uring the Workshop (9-5p	m). Do you have any food
□Yes			
□No			
If yes, please specify	below along with any pote	ential allergic reactions:	
Do you have any die	tary requirements?		
□Yes			
□No			
If yes, please specify	below		
□Dairy Free	□Lactose Free	□Vegan	□Other
□Gluten Free	□Vegetarian	□No Seaford	
			nt, Optus Stadium on s specified above will also be
□Yes			
□No			
off services will be pr		Hilton, Adina Apartment	, May 14, 2025. Pickup and drop- and Oaks Perth hotels that
□Yes			
□No			
Should the occasion	arise, are you comfortable	with being photographe	d 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