**Natural medicine week   
22 – 28 MAY 2017**

**Registration Form to Host an Event**  
Please register your interest to host an event by simply completing and returning this application form to [events@atms.com.au](mailto:events@atms.com.au) with **Natural Medicine Week** written in the subject line, or fax your completed registration form to +61 (0)2 9809 7570.

|  |  |
| --- | --- |
| * I would like to express my interest in hosting an event as part of Natural Medicine Week 2017 | |
| ATMS Member Number |  |
| Are you participating on behalf of a clinic or organisation? | * Yes   Who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * No * On Behalf of myself |
| First name |  |
| Surname |  |
| Email |  |
| Phone |  |
| State |  |
| What kind of event/s would you like to host? | * Clinic Open Day * Educational event / workshop * VIP/Client event with food/drink * Online webinar * Other – please describe   ----------------------------------------------------------------------- ----------------------------------------------------------------------- ----------------------------------------------------------------------- -----------------------------------------------------------------------   * Unsure * I would like to volunteer to help with someone else’s event * Please send me promotional assets so that I can display these for my customers |

**About your event (for publication online)**

|  |  |
| --- | --- |
| Name |  |
| Date/Duration |  |
| Cost |  |
| Event location |  |
| Blurb (maximum 200 words – your description will be cut off at 200 words) |  |
| This is a public event | * Yes * No |
| Email address |  |
| Phone number |  |
| Website |  |

🞎 **Yes I agree to the terms and conditions**

*Terms & Conditions: By submitting your event application you grant the Australian Traditional-Medicine Society permission to use your information as provided as part of our ongoing promotional material and on the* [*www.naturalmedicineweek.com.au*](http://www.naturalmedicineweek.com.au) *website. We will never publicly share your email, or phone number, other than where specified. You also agree to allow ATMS and its communications partner, Zadro Pty Ltd to edit your content for readability and appropriate content.*

*ATMS will approve and promote events at their discretion. Practitioners are reminded that ATMS will only promote events that comply with the requirements in regards to the Code of Conduct. Participants host an event in their own name and at their own risk and liability. Please be advised that you must have public liability insurance to host an event.*

Sign or Type Name as Authorisation:

Date: