

TUESDAY 1ST OCTOBER, 2013

Please complete using BLOCK letters. Print 'X' to mark boxes where applicable.

STEP 1: PERSONAL INFORMATION

Surname	First name	Other name	Mr	Mrs	Ms	Miss	Other
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job title/occupation		Organisation					
<input type="text"/>		<input type="text"/>					
Postal Address							
<input type="text"/>							
Suburb	City	State	Postcode	Country			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Delegate Email		* Email for registration correspondence (if different)					
<input type="text"/>		<input type="text"/>					
Telephone (BH)	Facsimile	Mobile					
<input type="text"/>	<input type="text"/>	<input type="text"/>					

* Registration correspondence will be sent to this email address (i.e. tax invoice, confirmation)

STEP 2: REGISTRATION All prices are inclusive of GST

Category	Standard Rates
<input type="checkbox"/> Program Partners & Mental Health Not for Profit organisations	\$450
<input type="checkbox"/> Program Partners & Mental Health Not for Profit organisations (Table of 8)	\$3360
<input type="checkbox"/> Non-program Partner	\$550
<input type="checkbox"/> Non-program Partners (Table of 8)	\$4400

Networking Function

Will you be attending the complimentary post symposium networking function?
(5:00pm, Tuesday 1 October – note times are subject to change)

YES ☐ No ☐

STEP 3: SPECIAL REQUIREMENTS

I have the following special requirements (Diet/Allergies or Medical/Wheelchair):

STEP 4: PAYMENT SUMMARY

Registration Total \$

This registration form becomes a Tax Invoice upon completion. To secure your registration, payment must be received within 14 days.

Please note that registrations will not be processed if the information below is not complete:

Are you responsible for payment of this invoice?

☐

Yes

☐

No

If no, please provide details of the invoice payee:

Surname

First name

Telephone/Mobile

Email

STEP 5: PAYMENT OPTIONS

☐

Credit Card

☐

EFT

☐

Cheque

Credit Card

☐

MasterCard

☐

Visa

☐

AMEX

The relevant credit card fee will apply to Mastercard, Visa and Amex

Card number

CCV

Name on Card:

Expiry date

☐

I authorise AIST to debit my credit card with the above amount including the nominated merchant fee

Signature (please type your full name for electronic registration)

Date

EFT

Please email a remittance advice citing the delegate name as the reference to accounts@aist.asn.au

Account Name: AIST Business Management**BSB:** 083-004**Account Number:** 86-569-8137**Bank:** National Australia Bank

Cheque

Please make cheques payable to:

Australian Institute of Superannuation Trustees**Ground Floor . 215 Spring Street . Melbourne . VIC 3000****Registration helpdesk:** 61 3 8677 3800**Fax:** 61 3 8677 3801**Email:** info@aist.asn.au

STEP 6: TERMS AND CONDITIONS

☐

I have read and agree to the Terms and Conditions below.

AIST understands the importance of protecting the privacy of individuals and is committed to complying with the Privacy Act 1988 and the National Privacy Principles to ensure the confidentiality of any personal information collected.

This Policy applies to AIST who register people for events, exhibitions, conferences and who arrange travel and accommodation to those events.

AIST is committed to complying with the Privacy Act 1988 and the National Privacy Principles.

Conference delegates' names and organisation details will be published in the conference booklet and delegates contact details will be available to our Industry Partners.

STEP 7: CANCELLATION/TRANSFER POLICY

☐

I have read and agree to the Policy below.

Refunds of event registration fees will only be made when written notification is received no later than **7 working days prior to event**. A cancellation fee of 30% of the total registration fee will apply.

No refund of registration fees will be made when cancellations are received after **7 working days prior to event**. however a transfer of registration to another person is permitted.

All cancellations and request to transfer a registration to another person must be received in writing.

Please email request to info@aist.asn.au

Submit Registration