Superannuation Insurance Symposium (SIS)

Thursday 25 October 2012 Hilton, on the Park, Melbourne



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

STEP 1: PERSONAL INFORMATION								
First name	Other name		Mr	Mrs	Ms	Miss	Other	
	Organisation							
City	State	Postcode	Count	try				
* Email for correspondence		** Delegate Email (if different)						
Facsimile	Mobile							
	First name City	First name Other name Organisation City State ** Delegate Email (First name Other name Organisation Organisation	First name Other name Mr Organisation City State Postcode Count ** Delegate Email (if different)	First name Other name Mr Mrs Organisation Organisation Vertical state Vertical state City State Postcode Country ** Delegate Email (if different) Vertical state Vertical state Vertical state	First name Other name Mr Mrs Ms Organisation Organisation Image: Compare the second s	First name Mr Mrs Ms Miss Organisation Organisation Image: Image	

* Symposium correspondence sent by AIST will be to this email address

** Delegate email is required for creating personalised login ID for AIST event registrations. (Email will not be made public or used for marketing purposes)

STEP 2: REGISTRATION All prices are inclusive of GST

Category	Standard Rates	*Special Offer
AIST Trustee & Fund Staff Member	\$750	\$700
Non-Member Trustees & Fund Staff	\$950	\$900
Regulator/Government	\$950	\$900
Service Providers	\$1,150	\$1,100

* Register 3 or more delegates at the same time to receive the special offer rate for each registration.

By registering you will receive:

Symposium book with program, attendance at all symposium sessions and meals, and post symposium networking function on 25 October.

Important note: Payment must be received prior to attending this event.

Please specify the type of fund you are a Trustee/employee of:							
Corporate	Public Offer	Industry	Public Sector				
STEP 3: SPECIAL REQUI	REMENTS						

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

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STEP 4:	PAYMEN		1							
Registratior	gistration Total\$This registration form becomes a Tax Invoice upon completion. To secure your registration, payment must be received within 14 days. Cancellation Policies apply, go to www.aist.asn.au and view the AIST SIS Policies page.						-			
Please not	e that regis	trations will	not be process	ed if the	informati	on below is not	t comple	ete:		
Are you responsible for payment of this invoice? Yes Surname					No If no, please provide details of the invoice payee: First name					
Telephone/M	obile					Email				
STEP 5:	PAYMEN	T OPTIONS	•					Credit Card	EFT	Cheque
Credit Car	ł									
Master	Card	Visa	AMEX	The r	elevant cred	it card fee will ap	ply to M	astercard, Visa and	d Amex	
Card number			CCV		Name on C	ard:				Expiry date
Signature I authorise AIST to debit my credit card with the above amount including the nominated merchant fee.					Signature (re (please type your full name for electronic registration) Date				
EFT						Cheque				
Please email a remittance advice citing the invoice number as the reference to info@aist.asn.au Account Name: AIST Business Management BSB: 083-004 Account Number: 86-569-8137 Bank: National Australia Bank					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: sis@aist.asn.au					
STEP 7:	TERMS A	ND CONDIT	IONS ►				I have r	ead and agree to t	the Terms an	d 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, symposiums and who arrange travel and accommodation to those events. AIST is committed to complying with the Privacy Act 1988 and the National Privacy Principles. Symposium delegates' names and organisation details will be published in the symposium booklet and delegates contact details will be available to our Industry Partners.										
l do n	ot wish my	contact deta	ils to be availal	ole to in	dustry par	iners				
STEP 8:	CANCELI	LATION/TRA	NSFER POLIC	Y ►				I have rea	ad and agree	to the Policy below.
-	-		er your registratio uent transfers w			ence. r administration f	fee.			
Refunds of event registration fees will only be made when written notification is received no later than Friday 12 October 2012. A \$150 cancellation fee will apply.										
	-		e when cancellat her person is per		received afte	er Friday 12 June	2012 ;			
All cancellation Please email r	-		egistration to and	other per	son must be	received in writin	ıg.			
MARKETIN	G FEEDBA	CK: How	did you hear al	out this	event?					Please complete below
AIST Em	ail	Magazine	AIST W	ebsite	Wo	ord of mouth	Other			

Please consider the environment before printing any documents. If possible please book your registration online: www.aist.asn.au © 2012 Australian Institute of Superannuation Trustees ABN: 19 123 284 275