

## **DELEGATE REGISTRATION FORM**

## Speech Pathology Australia: 2011 National Conference Darwin Convention Centre, Darwin, Australia ABN 17 008 393 440

- 1. Registration bookings will not be confirmed in writing until the appropriate payment is received.
- 2. Credit card payment by Visa or MasterCard at the time of registration is required. Invoices will not be provided.
- 3. Cheque payable on the day to be made out to Speech Pathology Australia
- 3. Fax your Registration Form and credit card payment: <u>Speech Pathology Australia, c/- Darwin Convention Centre</u>
  <u>Fax 08 8923 9063</u>
- 4. Please refer to the cancellation policy and privacy clause outlined in the registration brochure.
- 5. Associate Professions' please attach proof of membership when sending through your completed registration form.
- 6. All fees are quoted in Australian Dollars and include GST.

Title	First Name			Surname			
Organisation (if you want included on your namebadge)				Preferred Badge Name			
Street Address	; ;						
City		State	Post Code	Country	(if not Australia)		
Phone Number	r	Fax Nu	mber 	Email			
☐ I am a conf	erence presenter		<b>Do not</b> include m	e on the Attendee's	s List		
I am a member	of	Na	ime Associate Profe	ession and member	number		
have the followi	ing:						
Special needs	☐ Dietary red	quirement	Please provide de	tails			
				<u>Please confirm</u>	your attendance inclu	uded in your registration fee	
FULL REGISTRATION M		<b>per</b> (Associate	Profession)= \$874.5	Sunday: Pre Registration/Welcome Reception			
	<b>Non Member</b> = \$1743.50		43.50	Guild Conference Dinner			
	E. II 4:	ma Bast Grad	Po ontru	<u>Please confirm yo</u>	ur attendance includ	ed in your registration fee	
		ıll time Post Grad, Re-entry Non practising = \$528.00		Sunday: Pre Registration/Welcome Reception			
	☐ Stude	nt Member =	\$352.00				
DAY REGISTRATI	<u>ON</u>						
Member Day (Associate Profession) = \$330.00 per day			per day	Monday	Tuesday	─ Wednesday	
Non Member Day = \$660 per day				Monday	Tuesday	Wednesday	
Full time Post Grad, Re-entry & Non practising = \$198.00				Monday	Tuesday	Wednesday	
Student Member Day = \$121.00 per day				Monday	Tuesday	Wednesday	

workshop, that you attend	both sessions if it is separated by	y a catering break. 	
Monday sessions : 11.30am - 12.30pm	Monday sessions : 2.00pm - 3.30pm	Monday sessions : 4.00pm - 5.30pm	
Tuesday sessions: 11.00am - 12.30pm	Tuesday sessions : 2.00pm - 3.30pm	Tuesday sessions : 4.00pm - 5.10pm	
Wednesday sessions: 11.00am - 12.30pm	Wednesday sessions : 2.00pm - 3.30pm		
Optional sessions- please	e select <u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>
	Student Member Network	COPE Member Network	Aust Standardised TermB/fast
	Private Practice Member Netwo	ork Rural & Remote Member Networ	rk Working in Develop Comm MN
	University & Staff Reception	National Relay Service Workshop	
		CBOS 2011 AGM	
Conference Dinner is include Welcome Reception	ed in the Practising Member & Non M  Welcome Reception Tickets @	_	
Conference Dinner	Conference Dinner Tickets @ \$	126.50 each <b>Cost</b>	
Name for Badge (if not the	delegate)		
		Total Reg	g fee \$
D		L CCT Totalton	¢
•	ed in Australian Dollars and inclu		
arrangement.	ing credit cards - visa or mastercard. We	e do not accept Diners Club or American Expr	ess cards. Direct deposit is by prior
	site, so if you are paying by credit card payment is required then click the <b>Su</b> l	l, please enter your credit card details ar <b>bmit by Email</b> button.	nd then click the <b>Print Form</b> button
Credit Card	Card Number, no spaces	E	Expiry Date
		☐ I agree for you to o	debit my credit card
Name of Card holder			cellation policy & Privacy clause
Cancellation policy and Privac			
2011.	May and until 9 June 2011 will result in a	on of cancellation in writing (emailed fo	
		rence will share your contact informatic st. If you do not wish for this to occur, p	
	cies for the management of personal in Deech Pathology Australiaupon request	formation are set out in the publication t.	entitled "Speech Pathology Australia

Please select your attendance to the following sessions relevant to your Registration payment. Ensure that if you select a