



Registration form WA public practice conference 2012

29 – 31 March 2012 | Quay West Resort Bunker Bay

Fill out sections 1 to 3 of this form and send/fax it to us with your full payment

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Three easy ways to register

■ **Online:** cpaaustralia.com.au/ppc To pay by credit card

■ **Fax:** 1300 658 156 To pay by credit card

■ **Mail:** Member Administration
CPA Australia Ltd, GPO Box 2820
Melbourne VIC 3001 To pay by credit card or cheque

■ **General enquiries:** visit cpaaustralia.com.au
call 1300 857 705

■ **CPA Australia Ltd. ABN:** 64 008 392452

1 Provide your details

Fill out ALL of the sections below clearly using a dark pen to register successfully

What type of booking is this?

☐ Individual (Please provide your personal contact details)

☐ Group (Three or more individuals from the same organisation. please photocopy registration form for group bookings – individual forms must be completed for each attendee and must be submitted together in order to obtain group discounts on packages)

Are you a CPA Australia member?

☐ Yes → if known supply your CPA Australia member ID

☐ No → if known supply your CPA Australia non-member ID

Your contact details

☐ Mr ☐ Ms ☐ Other → provide details

First name

Surname

Position

Company / Organisation if applicable

Company / Organisation ABN

Mailing address ☐ Business ☐ Private

State Postcode

Phone

Email → to which your CPA Conference confirmation information will be sent

Do you have any special requirements? → e.g. dietary

☐ No ☐ Yes → please provide details

2 Choose a package that gives you the best deal

Please note: For group bookings, please photocopy the registration form – individual forms must be completed by each attendee and submitted together.

Register and pay early to receive a discount: Advance notice: Pay by 1 February 2012 Early bird: Pay by 29 February 2012		Individual Advance	Individual Early bird	Individual Standard	Group (3+) From the same organisation	Qty	Total Payable
<input type="checkbox"/> Full conference package Thursday 29 – Saturday 31 March	Member	<input type="checkbox"/> \$720	<input type="checkbox"/> \$880	<input type="checkbox"/> \$1010	<input type="checkbox"/> \$880		\$
	Non-member	<input type="checkbox"/> \$865	<input type="checkbox"/> \$1055	<input type="checkbox"/> \$1215			
<input type="checkbox"/> One-day package Day one – Friday 30 March	Member	–	–	<input type="checkbox"/> \$590	–		\$
	Non-member	–	–	<input type="checkbox"/> \$710			
<input type="checkbox"/> CD1: CPA Conference dinner Friday 30 March		–	–	<input type="checkbox"/> \$130	–		\$
<input type="checkbox"/> CPD1311: CPA virtual public practice 2 May - 7 July				<input type="checkbox"/> \$495			
Total amount – all listed prices above are inclusive of GST							\$

For package entitlements, please visit cpaaustralia.com.au/ppc

Please note: Individual and group full conference and individual one-day packages entitle access to the delegate(s) named in the registration form only and all CPD hours will be allocated to those named delegates.

* The official CPA conference dinner is not included in the one-day package.

Access to CPA virtual public practice is complimentary to attendees of the one-day package or more. If unable to attend, CPA virtual public practice is available to purchase separately.

3 Make your payment

Make all cheques and money orders payable to 'CPA Australia Ltd'. This document will be a Tax Invoice for GST upon completion of payment.

☐ **Cheque** payable to
CPA Australia Ltd

☐ Pay by **CPA Australia
American Express**

CPA Australia's preferred
payment option is the
CPA American Express Card.



☐ AMEX ☐ Visa ☐ Mastercard ☐ Diners

Card number

Cardholder's name

Expiry date / Total amount \$

Signature

Full payment is required for your registration to be processed

For Full Delegate Terms and Conditions go to: cpaaustralia.com.au/delegateterms

By signing where indicated below, I acknowledge that I have read, understand and agree to the Delegate Terms and Conditions and the Privacy Statement at cpaaustralia.com.au/delegateterms

Individual forms must be completed for each attendee. Please sign and date.

Signature: Date: / /