

Delegate Registration Form
Fax back to Caroline Jones 02 9680 8422

TAX INVOICE

ABN: 84 082 790 243

Delegate Information

Title: Brother <input type="checkbox"/> Father <input type="checkbox"/> Sister <input type="checkbox"/> Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other		
First Name:		Surname:
Badge Name: If different from above		Position:
Organisation		
Address:		
City:		State:
Postcode/Zip Code:		Country:
Tel: ()	Fax: ()	Mobile:
Email:		
Dietary Requirements:		
Special Needs: e.g. Mobility		

Conference FULL Registration*

Registration Type	Cost (GST Incl.)	Tick Box
Early Bird Registration By 30 April 2010 - (Individual)	\$869.00	<input type="checkbox"/>
Standard Registration From 1 May 2010 - (Individual)	\$924.00	<input type="checkbox"/>
Early Bird Registration By 30 April 2010 - (Group of 5 Persons)**	\$825.00	<input type="checkbox"/>
Standard Registration From 1 May 2010 - (Group of 5 Persons)**	\$869.00	<input type="checkbox"/>
Total Cost:		\$

* A Full Registration includes: morning/afternoon teas, lunches and the Leadership Dinner

** A GROUP Full Registration must be booked and paid for as one group from the same organisation. Names can be given later, but you must book and pay for the registrations at the same time.

Catering Requirements

As a fully registered delegate, the Leadership Dinner (Tues 3rd August) is included in your registration fee. Please indicate whether you will be attending the dinner so we can cater correctly.

Leadership Dinner - Tues 3 rd August	<input type="checkbox"/> I WILL attend the Leadership Dinner <input type="checkbox"/> I WON'T attend the Leadership Dinner
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Day ONLY Registrations* - Please indicate which day you will be attending**

Early Bird Day Registration (by 30.4.2010)	Standard Day Registration (From 1.5.2010)
<input type="checkbox"/> Mon 2 nd August - \$352.00	<input type="checkbox"/> Mon 2 nd August - \$396.00
<input type="checkbox"/> Tues 3 rd August - \$352.00	<input type="checkbox"/> Tues 3 rd August - \$396.00
<input type="checkbox"/> Wed 4 th August - \$242.00 - ½ Day	<input type="checkbox"/> Wed 4 th August - \$286.00 - ½ Day
Total Cost:	\$

*** A Day Registration means you will ONLY attend the conference on ONE day. The inclusions are morning/afternoon teas on the day you attend if these meals are relevant to the day you are attending.

Accommodation

Please select complete your accommodation requirements below.

Hotel	Room Type	Rate per room per night (Room ONLY Rate)	Tick the room type
Sofitel Wentworth	Classic Room	\$210.00	<input type="checkbox"/>
Sofitel Wentworth	Club Sofitel Room	\$330.00	<input type="checkbox"/>

Check In Date: _____ Check Out Date: _____

ETA (particularly if after 6pm): _____

Any Special Requirements: _____

PLEASE NOTE:

To secure your accommodation you will need to **EITHER:**

1. Provide PCC Event Management with the 1st night's deposit
2. **OR** provide your credit card details for the hotel to guarantee the room against.

Accommodation deposits taken by PCC Event Management on behalf of delegates will be transferred to the Sofitel Wentworth Sydney two weeks prior to the event and applied to the individual room bookings.

Additional Tickets

If you require additional tickets please indicate which additional tickets you would like.

Additional Tickets	Date	Cost (GST Inc.)	No. of Tickets
Accompanying Persons - Leadership Dinner	Tues 3 rd Aug <input type="checkbox"/>	\$135.00	
Extra Exhibitor Day Pass	Mon 2 nd Aug <input type="checkbox"/>	\$75.00	
Extra Exhibitor Day Pass	Tues 3 rd Aug <input type="checkbox"/>	\$75.00	
Extra Exhibitor Day Pass	Wed 4 th Aug <input type="checkbox"/>	\$20.00	
Total Cost:			\$

Delegate Listing

A delegate list will be available at the Conference which will have the following fields:

- Name, Organisation, Position, State, Country, Phone, Email

If you DO NOT wish for your details to appear on the listing, please tick the box below.

Please remove my name from the delegate listing.

PAYMENT SUMMARY

Item	Cost (GST Incl.)
Conference (Full or Day) Registration	\$
Catering Requirements Completed	<input type="checkbox"/> Yes
Concurrent Sessions Completed	<input type="checkbox"/> Yes
Accommodation	\$
Additional Tickets	\$
Total Fee Due:	\$

CREDIT CARDS

Visa

MasterCard

Card Number: _____

Expiry Date: _____

CVN: _____
3 digit security code on back
of card or 4 digit code on
front for Amex

Total \$: _____

Cardholder's Name: (PRINT): _____

Cardholder's Signature: _____

CHEQUES

Please make cheques payable to:

PCC Event Management

Post to the Event Manager:

Ms Caroline Jones

PCC Event Management

70 Tuckwell Road

CASTLE HILL NSW 2154

AUSTRALIA

E: caroline.jones@optusnet.com.au

T: +61 2 8677 3428

F: +61 2 9680 8422

ELECTRONIC FUNDS TRANSFER

Bank: ANZ Bank

Branch: Castle Hill

BSB: 012 263

Account #: 1815 74125

Account Name: PCC Event Management

Bank Address: 287 Old Northern Road

Castle Hill NSW 2154, Australia

Swift Code: ANZBAU3M

**If paying by Electronic Funds Transfer,
please email or fax your Remittance Advice.**