



## Delegate Registration

Please complete this form and remit together with your payment to the address at the bottom of the page. A separate form must be completed for each delegate (photocopies are acceptable). Registrations will not be processed without full payment.

### CONTACT INFORMATION

Title / First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Job Title: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Email: \_\_\_\_\_

A Tax Invoice will be posted to your address

### CONFERENCE REGISTRATION

<input type="checkbox"/>	Standard Registration			\$700.00 + \$70.00 GST	\$770.00
<input type="checkbox"/>	Day Registration	<input type="checkbox"/> Tuesday 20 September	<input type="checkbox"/> Wednesday 21 September	\$400.00 + \$40.00 GST	\$440.00

Standard Registrations include attendance to the presentations and exhibition area, lunches and tea breaks each day and attendance to the Conference Cocktail Functions being held each evening in the exhibition area. Each delegate also receives a conference satchel.

### PAYMENT OPTIONS

**Payment must be received within seven (7) days of verbal reservation.** Please return this application to PO Box 1153, Subiaco WA 6904, Australia or alternatively fax to (61 8) 9381 9222. If paying by cheque, please make cheque payable to Vertical Events.

Visa Card     Master Card     American Express     Diners Card     Bankcard

Card Number: \_\_\_\_\_

Card Expiry Date: \_\_\_\_\_ Total to be paid: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholders Signature \_\_\_\_\_

### AUTHORISATION

Name: \_\_\_\_\_

Position: \_\_\_\_\_ Signature: \_\_\_\_\_

### CANCELLATION POLICY

Cancellation Policy: All cancellations must be made in writing to Vertical Events. No refunds will be made after 7 September, 2005. All refunds prior to 7 September, 2005 will incur an administration charge.

