

# The SafetyWA 2004 Conference

The New Convention Centre  
Esplanade Hotel Fremantle  
11 – 12 October, 2004



Conference & Exhibition  
11 & 12 October, 2004

## Delegate Registration Form

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

### REGISTRATION INFORMATION

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

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

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

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

City / State / Post Code: \_\_\_\_\_ Country: \_\_\_\_\_

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

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

Partners Name: \_\_\_\_\_  
(Complete ONLY if purchasing tickets for partners at the Conference Dinner)

### CONFERENCE REGISTRATION (Please tick your preferred registration type)

Registration Type	Cost	Total
<input type="checkbox"/> Early Bird Registration (applicable until 27 August 2004)	\$550.00 + \$55.00 GST	\$605.00
<input type="checkbox"/> Standard Registration (applicable after 27 August 2004)	\$700.00 + \$70.00 GST	\$770.00
<input type="checkbox"/> IFAP Member Registration (applicable after 27 August 2004)	\$650.00 + \$65.00 GST	\$715.00
<input type="checkbox"/> Conference Dinner Registration (Tuesday, 12 October 2004)	\$90.00 + \$9.00 GST	\$99.00

### ACCOMMODATION

**Esplanade Hotel Fremantle**  
Standard Room - \$170.00 per room per night

No. of nights required: \_\_\_\_\_

Check in date: \_\_\_\_\_

Check out date: \_\_\_\_\_

### PAYMENT OPTIONS

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

Cardholder Name: \_\_\_\_\_ Amount (\$): \_\_\_\_\_

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

Expiry Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**ABN 85 056 581 072 • A Tax Invoice will be posted to your address**

### AUTHORISATION

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

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

**Authorising this registration form permits RIU Conferences to register the above named person as a delegate to the conference.**

*Cancellation Policy: All cancellations must be made in writing to Vertical Events. No refunds will be made after 27 September 2004. All refunds prior to 27 September 2004 will incur an administration charge.*