



**DELEGATE REGISTRATION FORM**

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: \_\_\_\_\_

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

**CONFERENCE REGISTRATION**

<input type="checkbox"/>	Early Bird Registration (applicable until 23 September 2005)	\$600.00 + \$60.00 GST	\$660.00
<input type="checkbox"/>	Standard <i>IFAP Member</i> Registration (applicable after 23 September 2005)	\$700.00 + \$70.00 GST	\$770.00
<input type="checkbox"/>	Standard <i>Non IFAP Member</i> Registration (applicable after 23 September 2005)	\$800.00 + \$80.00 GST	\$880.00

**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 31 October, 2005. All refunds prior to 31 October, 2005 will incur an administration charge.

