



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 29 September 2006)	\$650.00 + \$65.00 GST	\$715.00
<input type="checkbox"/>	Standard <i>IFAP Member</i> Registration (applicable after 29 September 2006)	\$700.00 + \$70.00 GST	\$770.00
<input type="checkbox"/>	Standard <i>Non IFAP Member</i> Registration (applicable after 29 September 2006)	\$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.

*Please note a 4% surcharge will be added to all American Express and Diners Charges.

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 27 October, 2006. All refunds prior to 27 October, 2006 will incur an administration charge.

