

# REGISTRATION FORM

(One form per person)

Protecting Children Today Conference 2009 Managers  
c/o Event Planners Australia  
PO Box 1517, Eagle Farm QLD 4009 Australia  
**T:** +61 7 3858 5521 **F:** +61 7 3858 5499  
**E:** pact09@eventplanners.com.au **W:** www.pact09.eventplanners.com.au



To receive the early bird rate you must register with payment by **15 December 2008**

## PERSONAL DETAILS

Title (eg. Prof/Dr/Mr/Mrs/Miss/Ms)		Surname	
Given name		Preferred name for badge	
Organisation		Position	
Postal Address			
Suburb/Town		State	Postcode
Telephone (work)		Telephone (mobile)	Fax
Country			
Email			

## SPECIAL REQUIREMENTS

Please note any specific dietary, wheelchair access or other requirements


## PAYMENT METHOD

Payment must accompany your registration form. Conference registration cannot be confirmed until payment is received. All prices are quoted in Australian dollars and include GST. **Payment must be received by the due date or the next level of payment is applicable.**

<input type="checkbox"/> <b>Cheque/international bank draft</b> payable to <i>Event Planners Australia Pty Ltd.</i> Payment must be made in Australian dollars payable on an Australian bank and <b>free of all charges</b>	
<input type="checkbox"/> <b>Credit card</b> – charges as per this form are to be debited to: <input type="radio"/> Mastercard <input type="radio"/> Visa <input type="radio"/> American Express <input type="radio"/> Diners Club	
Name on card	
Credit card number	
Expiry date	/
Card holder's signature	
<b>Total amount</b>	<b>\$AUD</b>

Please note that debits to your credit card will appear as Event Planners Australia on your statement.

Name:

## REGISTRATION FEES

Please tick (✓) the appropriate boxes

Registration Type	Early bird registration (Payment on or before 15 December 08)	Standard registration (Payment on or before 23 February 09)	Late/Onsite registration (Payment after 23 February 09 / onsite)	Sub total \$A
Fulltime registration	\$A600 <input type="checkbox"/>	\$A650 <input type="checkbox"/>	\$A700 <input type="checkbox"/>	\$
Fulltime Presenter registration	\$A550 <input type="checkbox"/>	\$A550 <input type="checkbox"/>	\$A600 <input type="checkbox"/>	\$
Day registration	\$A350 <input type="checkbox"/>	\$A375 <input type="checkbox"/>	\$A400 <input type="checkbox"/>	\$

If day registration, please indicate which day you are registering for:  Wednesday 25 March 2009  Thursday 26 March 2009

## CONFERENCE ACTIVITIES

Costs are included in the registration fee unless otherwise indicated below. However, for catering purposes it is essential you mark every box.

	Delegate ticket	Please ✓ appropriate box	Additional ticket	Please ✓ appropriate box	Total number of tickets	Sub total \$A
<b>Wednesday 25 March 2009</b>						
Lunch	\$nil	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A			N/A
Cocktail function*	\$nil	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$A60	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
<b>Thursday 26 March 2009</b>						
Lunch	\$nil	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A			N/A

\* not included for day delegates

A tax invoice will be forwarded to all delegates on receipt of a completed registration form.

ABN: 76 108 781 988