



# Network Conference 2009 REGISTRATION FORM



## TAX INVOICE

ABN: 68 002 561 631

Please complete one form per participant – copy as many as needed.  
Registration will only be accepted if accompanied by full payment.

### SERVICE DETAILS

Centre: \_\_\_\_\_

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

\_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

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

Network Membership No: \_\_\_\_\_

### PARTICIPANT'S PERSONAL DETAILS

Title: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

\_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Mob: ( ) \_\_\_\_\_

Emergency Contact Phone: ( ) \_\_\_\_\_

Please indicate what position you hold:

Director/Co-coordinator  Child Care Worker  Administration  Management Committee

Owner  Uni/TAFE  Government Representative

Other (please specify) \_\_\_\_\_

Do you have any special requirements? (Dietary, accessibility etc.)

\_\_\_\_\_

### ACCOMMODATION

Do you require a single room or are you willing to share?  Single  Share

If sharing, whom would you like to share with? \_\_\_\_\_

### AGREEMENTS

I agree that: (please tick if you agree)

My name and service contact details can be published in the program and/or related documentation for use during the conference.

Any photos taken of me during the conference can be used in Network publications such as Network News, Holiday Times, Network's Annual Report or on the Network website.

Signed: \_\_\_\_\_

### WORKSHOP SELECTION

Please indicate your first three preferences to all workshops on the days that you are attending. Use the number of the course (e.g. A1) to indicate your 1st, 2nd and 3rd preference. Workshops are allocated on a first-in, first-served basis. You will be notified of your workshop allocation at the conference.

Session A (Saturday 11.15am)  1st choice  2nd choice  3rd choice

Hot Issues (Saturday 1.45pm)  1st choice  2nd choice  3rd choice

Session B (Saturday 3.15pm)  1st choice  2nd choice  3rd choice

Session C (Sunday 9.15am)  1st choice  2nd choice  3rd choice

## PRICES:

### Network Members, Associate Members, Interstate & International SPECIAL RATES

### Non Network Members Rates

PACKAGE	EARLY BIRD (before 9th April)	FULL RATE (after 9th April)	EARLY BIRD (before 9th April)	FULL RATE (after 9th April)	
<b>3 Day Special</b> inc all meals, accommodation and Conference	\$495	\$600	\$695	\$800	\$ _____
<b>2 Days/1 Night</b> including meals, Conference & 1 night accomodation - either <input type="checkbox"/> Friday night (w/ Cocktail Party) <input type="checkbox"/> Saturday night (w/ Gala Dinner)	\$440	\$545	\$640	\$745	\$ _____
<b>2 Days: Friday &amp; Saturday</b> including daytime meals, Conference and Cockatil Party	\$340	\$380	\$440	\$490	\$ _____
<b>2 Days: Saturday &amp; Sunday</b> including daytime meals & Conference	\$270	\$320	\$320	\$370	\$ _____
<b>Friday only</b> including daytime meals, Conference and Cockatil Party	\$150	\$170	\$200	\$220	\$ _____
<b>Saturday only</b> including daytime meals and Conference	\$250	\$270	\$300	\$350	\$ _____
<b>Saturday Night Gala Dinner</b> (Dinner is included in all packages that include accomodation)	\$75	\$75	\$75	\$75	\$ _____

**TOTAL \$ \_\_\_\_\_**

## TRAVEL SUBSIDIES:

Are available to conference participants living outside the Sydney Metropolitan area and includes ACT

Do you require a travel subsidy to attend?  Yes  No Your estimated travel costs: \$ \_\_\_\_\_

*You must pay your own travel costs up-front. If you are suffering from financial difficulties and are unable to pay up-front please call Network and speak to the Conference Coordinator. To receive a subsidy you will be required to produce all receipts. More details on travel subsidies and claim forms can be obtained on the website: [www.netoosh.org.au/conference.htm](http://www.netoosh.org.au/conference.htm)*

## PAYMENT METHOD:

### By Cheque

I enclosed my cheque for \$ \_\_\_\_\_ Payable to Network of Community Activities

### By Direct Deposit/Internet Transfer

Please ensure that you provide the name of your organisation in the reference field when making your direct deposit/internet transfer payment.

I have made the following deposit of \$ \_\_\_\_\_

Bank: National Australia Bank

Account Name: Network of Community Activities

BSB: 082-016 Account Number: 04611-6199 Date paid: \_\_\_/\_\_\_/\_\_\_ Your Ref: \_\_\_\_\_

## CANCELLATION POLICY:

*Refunds are only available up to 4th May 2009. A \$50.00 administration fee will apply. Cancellations received after 8th May may be transferred to another person, but no refund will be available. N.B. a registration cannot be split amongst staff. Each staff member must have his or her own registration. Registration must be accompanied by payment for the place to be confirmed. Confirmation letters will be sent out after 4th May 2009.*

Closing date for registration is Monday 4th May 2009.

To claim Network Member rate you must include your membership number.

**Please return this registration form with your payment to: Patricia Gooley, Network, 66 Albion Street, Surry Hills, 2010**

For more information or enquiries please contact: Patricia Gooley, (02) 92123244 or email [patricia@netoosh.org.au](mailto:patricia@netoosh.org.au)

Office Use Only: Date received: \_\_\_\_\_ Receipt # \_\_\_\_\_ Registration # \_\_\_\_\_