

TAX INVOICE

ABN: 22 103 078 897

SECTION A – DELEGATE DETAILS

Title (please circle): Ms / Miss / Mrs / Mr / Dr / Other _____

Given Name _____

Surname _____

Organisation _____

Position Held/Title _____

Postal Address _____

Suburb _____ State _____ Post Code _____

Country (if not Australia) _____

Business Telephone _____ Mobile _____

Facsimile _____ Email _____

Special Requirements (dietary/access) _____

Attendee names will be added to a list of name and organisation details for general distribution to other delegates.

If you do not want your name to appear on this list please indicate below.

I do not wish to have my name and contact details on the delegate list

Have you attend an ARPS Conference before?

This is my first time attending an ARPS Conference

No, I have attended an ARPS Conference before

How did you hear about the ARPS Conference?

ARPS WEBSITE

E-mail Flyer

ARPS Newsletter

Your Employer

Other Association Website

Other Association Newsletter

Other

ARPS34 REGISTRATION FORM

SECTION B – REGISTRATION

(PLEASE INDICATE WHICH COST/ TYPE OF REGISTRATION APPLIES)

REGISTRATION TYPE	EARLY BIRD prior to 1 August	STANDARD after 1 August
FULL REGISTRATION includes Welcome Reception and Conference Dinner		
ARPS Member	<input type="checkbox"/> \$825	<input type="checkbox"/> \$900
Non Member	<input type="checkbox"/> \$890	<input type="checkbox"/> \$950
Student/Concession/Retired Member	<input type="checkbox"/> \$330	<input type="checkbox"/> \$375
Student/Concession/Retired Non Member	<input type="checkbox"/> \$375	<input type="checkbox"/> \$375
DAY REGISTRATION does not include Welcome Reception or Conference Dinner		
ARPS Member	<input type="checkbox"/> \$315	<input type="checkbox"/> \$330
Non Member	<input type="checkbox"/> \$340	<input type="checkbox"/> \$375
Student/Concession/Retired Member	<input type="checkbox"/> \$130	<input type="checkbox"/> \$150
Student/Concession/Retired Non Member	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150
Please indicate which day(s) you are attending:		
<input type="checkbox"/> Monday 26 October <input type="checkbox"/> Tuesday 27 October <input type="checkbox"/> Wednesday 28 October		

Additional Tickets (for day delegates, accompanying persons and partners)

Purchase ____ Welcome Function tickets @ \$65 per person

Purchase ____ Conference Dinner tickets @ \$110 per person

TOTAL SECTION B \$ _____

Accompanying Person Name: _____

Accompanying Person – Special Diet or Access Requirements: _____

SECTION C – ACCOMMODATION

A credit card is required to secure your booking and will be passed onto the Hotel of your choice.

Name of Hotel _____ Rate _____

Arrival Day and Date _____

Departure Day and Date _____

Name of person sharing with (if applicable) _____

ARPS34 REGISTRATION FORM

SECTION D – POST CONFERENCE TECHNICAL TOUR

Thursday 29 October 2009 TIWEST TOUR \$45 x _____ Number of tickets

TOTAL SECTION D \$ _____

SECTION E – PRE CONFERENCE AND ACCOMPANYING PERSONS TOURS

Monday 25 October 2009 FREMANTLE PRISON TOUR \$17.50 x _____ Number of tickets

Tuesday 26 October 2009 FREMANTLE PRISON TOUR \$17.50 x _____ Number of tickets

FREMANTLE TRAM TOURS HOP-ON- HOP- OFF \$22 x _____ Number of tickets

Saturday 24 October 2009 TOUR 659 ROTTNEST ISLAND \$165 x _____ Number of tickets

Sunday 25 October 2009 TOUR 659 ROTTNEST ISLAND \$165 x _____ Number of tickets

Wednesday 28 October WEST COAST JET TOUR \$40 x _____ Number of tickets

TOTAL SECTION E \$ _____

SECTION F – PAYMENT

All fees are quoted in Australian dollars. Cheques*, Money Orders or Bank Drafts should be made payable to "Leishman Associates – 34 ARPS" and drawn on an Australian Bank or Australian branch of a foreign bank for the total amount in Australian dollars.

Section B – Registration Total Fee \$ AUD _____

Section D – Technical Tour Total Fee \$ AUD _____

Section E – Optional Tours Total Fee \$ AUD _____

B + D + E = TOTAL FEES PAYABLE \$ AUD _____

Method of Payment

Credit Card Cheque Money Order Bank Draft

Credit Card Payments (we do not accept AMEX or Diners) Visa MasterCard

Card Number: _____ / _____ / _____ / _____ Expiry Date: ____ / ____

Cardholder Name: _____

Cardholder Signature: _____

Please complete and return with payment* to:

Leishman Associates
113 Harrington Street
HOBART TAS 7000
Fax: (03) 6234 5958

Cheques* are to be made to ARPS CONFERENCE

PRIVACY STATEMENT

When we collect and hold personal information about you, that is, information that can identify you, such as your name, address, other contact details and other information, it will be relevant to providing you with the services you are seeking. The personal information that we collect and hold about you depends on your interaction with us. Generally, we will collect and hold your personal information for the purposes of: providing services to you, to respond to queries made by you, to keep ourselves and you informed of the status of a forum or event you have expressed an interest in, or are attending. For a full version of the Leishman Associates Privacy Policy, please visit the conference website. www.leishman-associates.com.au/arps2009/