

# Registration Form

## DELEGATE INFORMATION

Faxed forms will only be accepted with credit card payment — fax + 61 (0)2 4984 2755. This completed form is a tax invoice for the purposes of GST after payment is received. ABN: 32 003 901 657. Please complete both sides of registration form. One form per delegate.

**On-line registration is available at [www.pco.com.au/family](http://www.pco.com.au/family)**

Title: Prof <input type="radio"/> Dr <input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> Ms <input type="radio"/> Other <input type="radio"/>	Please indicate special dietary requirements / needs:	
Given Name: <input type="text"/>	Family Name: <input type="text"/>	<input type="text"/>
Position Held: <input type="text"/>	<input type="text"/>	
Organisation: <input type="text"/>	Your name as you wish it to appear on your name badge	
Address: <input type="text"/>	Given name: <input type="text"/>	<input type="text"/>
Suburb: <input type="text"/>	Surname: <input type="text"/>	<input type="text"/>
State: <input type="text"/>	Postcode: <input type="text"/>	In the case of an emergency, please contact:
Country: <input type="text"/>	Name: <input type="text"/>	
Phone: ( <input type="text"/> ) <input type="text"/>	<input type="text"/>	
<input type="radio"/> Home <input type="radio"/> Work	Telephone: <input type="text"/>	
Email: <input type="text"/>	<input type="text"/>	
Facsimile: <input type="text"/>	<input type="text"/>	
Mobile: <input type="text"/>	<input type="text"/>	

## REGISTRATION FEES

### Dual Conference Registration (5 days)

	Until 25 Jan	Between 25 Jan / 25 Mar	After 25 Mar	TOTAL COST
<input type="radio"/> Full Registration	\$ 770.00	\$ 825.00	\$ 935.00	\$ _____
<input type="radio"/> Full Registration (Indigenous affiliates <sup>1</sup> )	\$ 660.00	\$ 715.00	\$ 825.00	\$ _____
<input type="radio"/> Young Adult <sup>2</sup> / Student <sup>3</sup> / Retired	\$ 660.00	\$ 715.00	\$ 825.00	\$ _____

### First National Indigenous Family & Community Strengths Conference Registration (3 days) Mon 14 – Wed 16 Apr 2008

<input type="radio"/> Full Registration	\$ 572.00	\$ 627.00	\$ 715.00	\$ _____
<input type="radio"/> Full Registration (Indigenous affiliates <sup>1</sup> )	\$ 462.00	\$ 550.00	\$ 605.00	\$ _____
<input type="radio"/> Young Adult <sup>2</sup> / Student <sup>3</sup> / Retired	\$ 462.00	\$ 550.00	\$ 605.00	\$ _____

### Pre-Conference Workshop Registration — Going Further with Fathers (2 days) Mon 14 – Tue 15 April 2008

<input type="radio"/> Workshop Registration (conference attendees)	\$ 242.00	\$ 275.00	\$ 297.00	\$ _____
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### Fifth Australian Family & Community Strengths Conference Registration (3 days) Wed 16 – Fri 18 Apr 2008

<input type="radio"/> Full Registration	\$ 572.00	\$ 627.00	\$ 715.00	\$ _____
<input type="radio"/> Young Adult <sup>2</sup> / Student <sup>3</sup> / Retired	\$ 462.00	\$ 550.00	\$ 605.00	\$ _____

### Day Registration(s) PLEASE CIRCLE WHICH DAY(S) YOU ARE ATTENDING

<input type="radio"/> Day Registration Mon / Tue / Wed / Thu / Fri	\$ 275.00	\$ 297.00	\$ 330.00	\$ _____
<input type="radio"/> Day Registration (Indigenous affiliates <sup>1</sup> ) Mon / Tue / Wed	\$ 242.00	\$ 264.00	\$ 297.00	\$ _____
<input type="radio"/> Young Adult <sup>2</sup> / Student <sup>3</sup> / Retired Mon / Tue / Wed / Thu / Fri	\$ 242.00	\$ 264.00	\$ 297.00	\$ _____

<sup>1</sup> Indigenous people, Indigenous organisations & their workers <sup>2</sup> Delegates under 24 years of age. Proof of age must be attached to your registration

<sup>3</sup> A photocopy of a current full-time student card must be attached to your registration

<b>REGISTRATION FEES TOTAL</b>	\$ <input type="text"/>
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## SOCIAL PROGRAMS

### First National Indigenous Family & Community Strengths Welcome BBQ, Mon 14 April 2008, Birabahn, Wollotuka School of Aboriginal Studies

<input type="radio"/> I will be attending (included in the Full Registration fee) / <input type="radio"/> I will NOT be attending	
<input type="radio"/> Additional tickets @ \$49.50 each* (for accompanying persons)	\$ _____

### Fifth Family & Community Strengths Welcome Carvery, Wed 16 April 2008, The University of Newcastle

<input type="radio"/> I will be attending (included in the Full Registration fee) / <input type="radio"/> I will NOT be attending	
<input type="radio"/> Additional tickets @ \$49.50 each* (for accompanying persons)	\$ _____

\*Name of accompanying person/s \_\_\_\_\_ (for name badge)

(\*accompanying persons are not registered delegates. If you would like to register an additional delegate from your organisation please complete a separate registration form and enclose the appropriate fee)

<b>SOCIAL PROGRAM FEES TOTAL</b>	\$ <input type="text"/>
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# Registration Form Continued

The First National Indigenous Family and  
Community Strengths Conference  
Monday 14 to Wednesday 16 April 2008

The Fifth Australian Family & Community  
Strengths Conference  
Wednesday 16 to Friday 18 April 2008

DELEGATE NAME

### ACCOMMODATION

- Accommodation is NOT required OR  
 Please book accommodation as selected below

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Total number of nights accommodation required: \_\_\_\_\_

Estimated time of arrival: \_\_\_\_\_  Smoking  Non smoking

No of: Adults: \_\_\_\_\_ Children: \_\_\_\_\_

Age of children: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

Please indicate bedding configuration required:  Single  Double\*  Twin\*

\*If sharing with other delegates, please advise name/s: \_\_\_\_\_

Pref 1: Hotel / Apt Name: \_\_\_\_\_

Room type: \_\_\_\_\_ Rate per night: \$ \_\_\_\_\_

Pref 2: Hotel / Apt Name: \_\_\_\_\_

Room type: \_\_\_\_\_ Rate per night: \$ \_\_\_\_\_

Pref 3: Hotel / Apt Name: \_\_\_\_\_

Room type: \_\_\_\_\_ Rate per night: \$ \_\_\_\_\_

For information about accommodation alternatives, refer to the conference website.

- I would like a place on the daily shuttle bus between my hotel & the University of Newcastle OR  I will provide my own transport

### ACCOMMODATION PAYMENT

- I have included a deposit of \$ \_\_\_\_\_ in this cheque / EFT payment (minimum of one night) OR

- Please give the credit card details supplied below to the hotel as a credit card guarantee OR

- Please request the hotel to charge the credit card number below for \$ \_\_\_\_\_ before my arrival

Cardholder's Name (Please Print): \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Accommodation Note: Any outstanding balances must be paid on departure.

GST does not apply to hotel deposits.

Tax invoices for accommodation will be issued by the hotel / motel at time of departure.

ACCOMMODATION FEES TOTAL \$

### OFFICE USE ONLY

Date received: \_\_\_\_\_ Pin #: \_\_\_\_\_ Payment Amount received \$ \_\_\_\_\_ Cheque No.: \_\_\_\_\_

Drawer: \_\_\_\_\_ Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Date Conf. Sent: \_\_\_\_\_

### PAYMENT DETAILS *Calculate your fees*

Registration \$

Pre Conference Workshop \$

Social Events \$

2% surcharge if paying by credit card \$

Accommodation (Cheque or EFT only) \$

ABN: 32 003 901 657

**Total:** \$

- I have enclosed a cheque (payable to "Tulips/Family 2008") OR  
 I am paying by EFT OR  
 Please charge my credit card: (Please tick)  
 Mastercard  Visa  American Express

Amount: \$

Cardholder's Signature: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_  
(Please Print)

Card number:

Expiry Date:  /

CCV / AMEX ID Number:

The Conference organiser reserves the right to substitute or cancel program sessions where necessary. Privacy — A list of delegate contact details will be issued to all delegates and sponsors. If you do NOT want your details included on this list please advise the conference manager in writing.