



e-learn. e-communicate. e-collaborate. e-innovate

Stadium Members Room, Suncorp Stadium
26-27 November 2009

REGISTRATION FORM

Before completing this form, please ensure you are aware of the cancellation policy.

PLEASE PRINT IN BLOCK LETTERS

One form per person. Photocopy if more than one person attending.

Register online at
www.vetelearnconference.com.au

Title: (Mr/Mrs/Miss/Ms)

Given Name: (for name badge)

Surname:

Position:

Company/Organisation:

Postal Address:

State:

Postcode:

Phone: ()

Fax: ()

Mobile:

Email: (The only method of communication to delegates)

Special Requirements: Health/dietary/physical (Some dietary requirements may incur additional charges)

SECTION A - REGISTRATION

(All prices are in AUD and include GST)

**As limited places are available your registration must include full payment.
Registration forms received without payment will not be processed.**

<input type="checkbox"/> Full Conference Registration (includes networking and breakfast functions)	\$440.00
<input type="checkbox"/> One Day Registration	
<input type="checkbox"/> Thu 26 November (includes networking function)	\$270.00
<input type="checkbox"/> Fri 27 November (includes breakfast function)	
<input type="checkbox"/> Innovation Project Participants Full Conference Registration (includes networking and breakfast functions)	\$340.00
<input type="checkbox"/> Innovation Project Participants Day Registration	
<input type="checkbox"/> Thu 26 November (includes networking function)	\$175.00
<input type="checkbox"/> Fri 27 November (includes breakfast function)	

SECTION B – SOCIAL FUNCTIONS

(All prices are in AUD and include GST)

NETWORKING OPPORTUNITY – Thursday 26 November 2009		
Attending	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inclusive
CONFERENCE BREAKFAST – Friday 27 November 2009		
Attending	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inclusive

SECTION C - ACCOMMODATION (Cannot be guaranteed after 5 November 2009)

(All prices are in AUD and include GST)

Accommodation: To confirm your accommodation, one night's accommodation deposit or a credit card number (to be provided to the hotel) is required. If this is not received, accommodation cannot be booked. Full pre-payment of accommodation is available if requested. All incidentals will be payable by you upon check-out. If you do not arrive, you will be charged for the booking. No refunds or changes will be accepted after 5 November 2009.

As rooms cannot be guaranteed until payment is received, please indicate your first, second and third preference.

HOTEL/APARTMENT	Room Type	Accommodation Rates (Deposit Required Per Room)
Central Cosmo Apartments 60 Park Road, Milton	1 bedroom Apartment	\$168.00 per night

Single Twin* Double* *Name of person sharing: _____

Arrival Date: _____ ETA: _____ Departure Date: _____

Special Requests: _____

PAYMENT OPTIONS:

- Providing credit card number as guarantee One night's deposit to be charged or is enclosed
 Full payment for total stay to be charged or is enclosed

CREDIT CARD TO GUARANTEE ROOM:

- MasterCard Visa American Express

Card Name: _____ Signature: _____ Date: _____

Card No: / / / Expiry Date: _____

ACCOMMODATION SUBTOTAL

(Accommodation bookings will not be accepted without a one night's deposit or credit card)

\$

POLICIES

Your registration **must include full payment to secure a place. Registration forms received without payment cannot be processed.** **Cancellation Policy:** Cancellations must be advised in writing to the Registration Office. Cancellations up to 13/11/09 will receive a refund of registration fees, less an administrative charge of \$20. Refunds after this date will be at discretion. **Privacy Notice:** The primary purpose for collecting personal information supplied on this form is to process your registration. These details will be used to keep you informed of future AFLF events, and on the Forum delegate listing provided to delegates and sponsors. If you **do not** wish your details to be used for this purpose, please tick. Do not publish my details.

PAYMENT

- I enclose a **cheque** made payable to
Absolute Events & Marketing

- Please charge the Credit Card below:

- MasterCard Visa Amex

_____/_____/_____/_____

Expiry Date: _____

Cardholder's Name: _____

Cardholder's Signature: _____

- I would like to **pay by EFT**. Please send me the bank account details

(Combined Sections A, B, C)

GRAND TOTAL

\$

Return to: Absolute Events & Marketing on fax 07 3112 3900 or PO Box 858,
Coorparoo Qld 4151. **Enquiries to:** elearn2009@absoluteevents.com.au or 07 3394 2310