

REGISTRATION FORM AND TAX INVOICE

Please keep a copy of this form for tax purposes.



Do not complete if registering and paying online @ www.assid.org.au

Section A: DELEGATE DETAILS

Title: _____ Given Name: _____ Surname: _____

Organisation: _____ Preferred Name for Badge: _____

Position held: _____

Are you a presenter at the conference? Please circle: Yes / No

Postal Address: _____ City: _____

State: _____ Post Code: _____ Country (if not Australia): _____

Business Telephone: _____ Mobile: _____ Facsimile: _____

Email: _____ (Delegate confirmation will be sent to this address)

Special Requirements: Dietary/Access: _____

Please tick if you do NOT consent to your name appearing in the delegates list (name, organisation & country only disclosed).

Section B: REGISTRATION FEES

ASSID Membership Details: ASSID Individual/Organisational #/Student Number: _____

There can only be a maximum of 2 registrations per organisation at the member rate. Any further registrations must be made at the non-member rate.

Please TICK which Registration Rate applies to you, taking into account the date on which you register.

Early Bird By 30 June 2010 Standard 1 July – 31 August Late From 1 September

ASSID MEMBERS

| | EARLY | STANDARD | LATE |
|----------------------------|---------------------------------|--------------------------------|--------------------------------|
| Full Registration | <input type="checkbox"/> \$590 | <input type="checkbox"/> \$690 | <input type="checkbox"/> \$780 |
| Day Registration | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$290 | <input type="checkbox"/> \$340 |
| *Student Full Registration | <input type="checkbox"/> \$345 | <input type="checkbox"/> \$405 | <input type="checkbox"/> \$450 |
| Book of 10 Tickets: | <input type="checkbox"/> \$2185 | | |

NON MEMBERS

| | EARLY | STANDARD | LATE |
|----------------------------|---------------------------------|--------------------------------|--------------------------------|
| Full Registration | <input type="checkbox"/> \$670 | <input type="checkbox"/> \$780 | <input type="checkbox"/> \$890 |
| Day Registration | <input type="checkbox"/> \$290 | <input type="checkbox"/> \$330 | <input type="checkbox"/> \$370 |
| *Student Full Registration | <input type="checkbox"/> \$380 | <input type="checkbox"/> \$450 | <input type="checkbox"/> \$520 |
| Book of 10 Tickets: | <input type="checkbox"/> \$2620 | | |

*Student Identification - please send a photocopy of relevant student card with registration

CONCESSION

Concession Number: _____

Full Registration \$200

Day Registration \$100

DAY REGISTRATION

Please tick date of attendance: Wednesday Thursday Friday

TOTAL SECTION B: \$ _____

REGISTRATION AND TAX INVOICE FORM cont'd

Section C: PROGRAM ACCESSIBILITY (Please Tick)

- | | |
|---|---|
| <input type="checkbox"/> Auslan Interpreter | <input type="checkbox"/> Orientation & Mobility Instructor for Hotel |
| <input type="checkbox"/> Hearing Loop | <input type="checkbox"/> Note Taker |
| <input type="checkbox"/> Tactile Interpreter | <input type="checkbox"/> Sighted guides – assistance to and from sessions |
| <input type="checkbox"/> Guide Dog user information | <input type="checkbox"/> FM user |

Section D: PAYMENT

All fees are quoted in Australian dollars with GST included.

| | | |
|--|--|---|
| <input type="checkbox"/> Cheque/Money Order Make cheques/money order payable to: ASSID (Qld) Inc | <input type="checkbox"/> Direct Deposit Account Name: Australasian Society for the Study of Intellectual Disability (QLD) Inc Bank: Westpac BSB: 034002 Account No: 546897 Please note below the 'Payee Reference' or 'Remitter name' that you stated on your direct deposit. _____ _____ | <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard We cannot accept Diners or Amex Credit Card Number: ____ / ____ / ____ / ____ Expiry Date: ____ / ____ Cardholder's Name: _____ _____ Corporate Card? YES <input type="checkbox"/> NO <input type="checkbox"/> Signature: _____ |
|--|--|---|

Please return with payment to ASSID (Qld) Inc, GPO Box 2396, Brisbane Qld 4001
Telephone: +61 7 3163 2496 Facsimile: +61 7 3163 2445 Email: assid2010@optusnet.com.au
Confirmation of registration and a receipt will be issued once payment has been processed.

Australasian Society for the Study of Intellectual Disability (Qld) Inc ABN: 43 234 531 371



Seeking Excellence

45th ASSID AUSTRALASIAN CONFERENCE 2010