



REGISTRATION FORM

AMInstitute NATIONAL CONFERENCE 21 - 23 MARCH 2010

PLEASE REGISTER ME FOR THE CONFERENCE, EARLY BIRD RATES APPLY BEFORE 18TH FEBRUARY 2010

Title _____ Name _____ Surname _____ Position _____

Organisation _____

Business Address _____ State _____ P'code _____

Phone _____ Fax _____ Email _____

FULL REGISTRATION FEE *Please see registration details page for fee inclusions (Sunday 21st to Tuesday 23rd)*

CPD - 6hrs per day \$1,100 (GST Inc.) Members \$1,220 (GST Inc.) Non Members \$ _____

Please indicate your preferred stream for Sunday 21st March Director Emerging Leader

Director Focus Package *Please see registration details page for fee inclusions (Sunday 21st to Monday 22nd)*

CPD - 12hrs \$880 (GST Inc.) Members \$990 (GST Inc.) Non Members \$ _____

SINGLE DAY(S) REGISTRATION FEE *Please see registration details page for fee inclusions*

Please indicate day(s) attending Sunday Monday Tuesday

CPD - 6hrs per day \$550 (GST Inc.) x _____ Day(s) \$ _____

\$44.00 (GST Inc.) Welcome Cocktail Party Sunday 21st March \$ _____

Sub Total 1 \$ _____

DISCOUNTS *if applicable*

Early Bird: *Book and Pay before 18th February 2010 and receive 10% discount off the registration fee (Sub Total 1)* \$ (_____)

Group Discount: *Receive \$100 off the 4th and subsequent full conference registrations from the same organisation (only available to full conference registrations)* \$ (_____)

Sub Total 2 \$ (_____)

Discounts do not apply

ACCOMPANYING PERSON _____ (name) will accompany me & will attend the following

\$44.00 (GST Inc.) Welcome Cocktail Party Sunday 21st March

\$33.00 (GST Inc.) Lunch per day x _____ Day(s)

Please indicate day(s) attending lunch Sunday Monday Tuesday **Sub Total 3** \$ _____

Discounts do not apply

GALA DINNER (OPTIONAL EXTRA) *(all attendees including accompanying persons)*

\$110.00 (GST Inc.) Gala Dinner Tuesday 23rd March x _____ Tickets **Sub Total 4** \$ _____
(numbers are strictly limited so please book early)

A NIGHT ON BROADWAY - Celebrating the last 30 years of stage shows

TOTAL \$

PLEASE RETURN A COPY OF YOUR REGISTRATION WITH PAYMENT TO

Sonya Maloney, Australasian Mutuals Institute Ltd (AMInstitute Ltd), PO Box 525 Burwood NSW 1805
 Ph: 02 9744 5717 Fax: 02 9744 5752 Email: info@aminstitute.org.au

PAYMENT

() Authorise AMInstitute to Debit Cuscal S1 Account No _____

Authorising Officer: _____ Signature: _____

() Cheque enclosed in the amount of \$ _____ OR

() Credit Card in the amount of \$ _____

Visa Mastercard Amex Diners **(Credit Card Payments will attract a fee of 3%)**

Credit Card Number _____ Expiry Date _____

Cardholder's Name _____ Signature _____

THE TOTAL PRICE INCLUDES 10% GST THIS DOCUMENT WILL BE A TAX INVOICE FOR GST WHEN YOU MAKE PAYMENT

Cancellations received less than 2 weeks prior to an event will receive a 50% refund, cancellations received 7 days prior to the event will forfeit all monies, alternate persons will be accepted.

Privacy Clause: The above information is being collected by the Australasian Mutuals Institute Ltd (AMInstitute). It will be added to our delegate database and will be used primarily by AMInstitute for administration purposes. This information will also be shared with companies exhibiting during this conference to enable them to advise you of invitations to events being held over the period of the conference and of their products and/or services. Please tick the box below if you do NOT want us to disclose the information.

I do not wish to have my details made available to other organisations at this conference.

PLEASE USE ONE FORM PER PERSON, PHOTOCOPY IF ADDITIONAL FORMS ARE NEEDED

ACCOMMODATION REQUEST FORM

FOR CONFERENCE DELEGATES ONLY

PLEASE COMPLETE THIS SIDE IF YOU REQUIRE AMInstitute RESERVED ACCOMMODATION.

CONFERENCE 21st - 23rd MARCH 2010

Accommodation has been reserved in the hotels listed below. Early registration is urged, as accommodation will be allocated strictly in order of receipt of registration. Please note that booking forms for reserved accommodation will only be released on receipt of a completed registration form plus the appropriate conference registration fees.

DO NOT INCLUDE ACCOMMODATION PAYMENT WITH YOUR CONFERENCE REGISTRATION

ACCOMMODATION – all rates quoted are correct at time of printing and represent 1 nights' accommodation charge.

All accommodation choices are within fifteen minutes easy walk to the
National Convention Centre, Canberra

Crowne Plaza

Superior King or Twin Room \$250, Deluxe King or Twin Room \$300

Novotel

Standard Room \$220, Standard Room plus 1 buffet breakfast \$235

Clifton Suites

One Bedroom Apartment \$195, Two Bedroom Apartment - 1 bathroom \$225,
Two Bedroom Apartment - 2 bathroom \$245

ALL QUOTED ACCOMMODATION PRICES INCLUDE GST AND ARE CORRECT AT TIME OF PRINTING BUT SUBJECT TO CHANGE.

ACCOMMODATION CHOICE

(PLEASE INDICATE THREE CHOICES IN ORDER OF PREFERENCE)

_____ Crowne Plaza

_____ Novotel

_____ Clifton Suites

NB: Your Accommodation Reservation Form will be sent to you upon receipt of this form, your conference registration and payment covering all conference registration fees.