

TAX INVOICE ABN: ABN 52 627 050 014

Please complete and return with payment to:
Leishman Associates, 113 Harrington Street
HOBART TAS 7000 Fax: 03 6234 5958
www.ancoldconference.com.au



ANCOLD conference 09

Dams: where to next in climates of change
Hilton Hotel, Adelaide

2009 REGISTRATION FORM

Section A – Delegate Details

TITLE (PLEASE CIRCLE) MS / MISS / MRS / MR / DR / PROF / 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 and sponsors. If you do not want your name to appear on this list please indicate. I do not wish to have my name and contact details on the delegate list.

Is this your first time attending an ANCOLD Conference? YES NO

How were you notified of the 2009 ANCOLD Conference? ANCOLD Newsletter ANCOLD Website Email Flyer ANCOLD Seminar
 Through your workplace Engineers Australia Other Association Information Other Website OTHER _____

Section B – Registration (Please indicate which cost/type of registration applies)

	EARLY (prior to 01/08/09)	STANDARD (prior to 30/09/09)	LATE (prior to 07/11/09)
Conference Registration			
> Full Registration – Technical	<input type="checkbox"/> \$660	<input type="checkbox"/> \$720	<input type="checkbox"/> \$770
> Full Registration – Technical Under 25	<input type="checkbox"/> \$200	<input type="checkbox"/> \$215	<input type="checkbox"/> \$230
> Full Registration – Technical Under 35	<input type="checkbox"/> \$330	<input type="checkbox"/> \$360	<input type="checkbox"/> \$385
> Day Registration – Technical	<input type="checkbox"/> \$355	<input type="checkbox"/> \$400	<input type="checkbox"/> \$440
> Day Registration – Technical Under 25	<input type="checkbox"/> \$105	<input type="checkbox"/> \$120	<input type="checkbox"/> \$130
> Day Registration – Technical Under 35	<input type="checkbox"/> \$180	<input type="checkbox"/> \$200	<input type="checkbox"/> \$210
> Day Delegates, please indicate which day you are attending:	<input type="checkbox"/> Thursday 12 November 2009	<input type="checkbox"/> Friday 13 November 2009	
Conference Workshop – Wednesday 11 November 2009			
> Delegates	<input type="checkbox"/> \$300	<input type="checkbox"/> \$315	<input type="checkbox"/> \$340
Post Conference Tour – 14 and 15 November 2009			
> Delegates	<input type="checkbox"/> \$440	<input type="checkbox"/> \$465	<input type="checkbox"/> \$500
> Accompanying Persons	<input type="checkbox"/> \$300	<input type="checkbox"/> \$320	<input type="checkbox"/> \$340
Accompanying Persons Program – 12 and 13 November 2009			
> Full Program	<input type="checkbox"/> \$250	x _____ tickets	
> Program Day 1 – Discover the History of Adelaide Hills – 12 November 2009	<input type="checkbox"/> \$110	x _____ tickets	
> Program Day 2 – The Art and Gardens of Adelaide – 13 November 2009	<input type="checkbox"/> \$140	x _____ tickets	

EARLY (prior to 01/08/09)	STANDARD (prior to 30/09/09)	LATE (prior to 07/11/09)
-------------------------------------	--	------------------------------------

Social Program Tickets

- > Conference Dinner – *Optional Event, not included in any registration* \$120 x _____ tickets

- > Welcome Reception – for additional guests and accompanying persons \$60 x _____ tickets

Conference Proceedings

- > Hard Copy Proceedings – Not included in any registration fee \$60 x _____ copies

- > Each registration includes a copy of the CD version of the proceedings
 CD Conference Proceedings – Additional Copies \$35 x _____ copies

ACCOMPANYING PERSON NAME

SPECIAL REQUIREMENTS (DIETARY/ACCESS)

TOTAL SECTION B \$

Section C – Accommodation

A credit card is required to secure your booking.

NAME OF HOTEL	RATE
---------------	------

ARRIVAL DAY AND DATE	DEPARTURE DAY AND DATE
----------------------	------------------------

NAME OF PERSON SHARING WITH (IF APPLICABLE)

TOTAL SECTION C (credit card number required) \$

Section D – Payment

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

Method of Payment Credit Card Cheque Money Order Bank Draft

TOTAL PAYABLE (SECTION B) \$

Credit Card Payments (AMEX or Diners not accepted) Visa MasterCard EXPIRY DATE: _____ / _____

CARD NUMBER

--	--	--	--

CARDHOLDER NAME

CARDHOLDER SIGNATURE:

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.