

Event registration form

CEDA 2011 Aged Care Review

Tuesday 27 September 2011, 8.45am for 9am to 2pm, Adelaide Convention Centre



To register	Please complete this form and return it to CEDA by COB Thursday 22 September 2011 Fax 08 8211 8222 Email hamilton.calder@ceda.com.au Post PO Box 8248 Station Arcade SA 5000 •Confirmation of registration will be given <u>one week before the event</u> . Please contact CEDA if this does not occur.			
Enquiries	Please phone Hamilton Calder on 08 8211 7222			
Registration	(all prices include GST)	Individual	Corporate tables of 8	Corporate Tables of 10
	CEDA Member	<input type="checkbox"/> \$290pp	<input type="checkbox"/> \$2,200	<input type="checkbox"/> \$2,700
	Non-member	<input type="checkbox"/> \$390pp	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$3,700
Payment options	Full payment is required before the event. <input type="checkbox"/> Cheque I enclose a cheque made payable to CEDA for \$ _____ <input type="checkbox"/> EFT Please email hamilton.calder@ceda.com.au with remittance advice quoting reference 5-270911 Account name: Committee for Economic Development of Australia Bank: NAB, 330 Collins Street, Melbourne 3000 BSB: 083 004 Account No: 515113346 <input type="checkbox"/> Credit card <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/> Diners Club Credit card number _____ Expiry date _____ Amount \$ _____ Name on Card _____			
	CEDA ABN 49 008 600 922 This form becomes a tax invoice/receipt when you make payment. A separate tax invoice will not be issued.			
Confirmation	<ul style="list-style-type: none"> ▪ Please provide an email address below in order for us to forward written confirmation of your registration, which will be sent approximately one week before the event. ▪ Please contact us if you do not receive confirmation. ▪ If registrations are closed you will be contacted immediately. 			
Registration details	First name _____ Last name _____ Position _____ Company _____ Phone _____ Email _____ Dietary requirements _____ First name _____ Last name _____ Position _____ Company _____ Phone _____ Email _____ Dietary requirements _____ <p style="text-align: right;">Please photocopy this form if you are registering more than two delegates.</p>			
Corporate tables	<ul style="list-style-type: none"> ▪ Please supply contact details of the organiser of the corporate table on your registration form. A confirmation email will be sent, and your complete list of guest details will be required at least one week before the event. 			
Cancellation policy	<ul style="list-style-type: none"> ▪ Cancellations received by Thursday 22 September 2011 will be refunded in full. ▪ Full payment is required for any cancellation received after this date or for non-attendance on the day. ▪ Substitutions may be made at any time. ▪ All cancellations and changes must be forwarded in writing (by email or fax). 			
Privacy	<ul style="list-style-type: none"> • CEDA collects this information to conduct our business, and it will not be passed to other organisations. • Photography and audio recording may take place at CEDA events and may be reproduced in CEDA publications or on our website. 			