

REGISTRATION FORM



ACSA 2009 NATIONAL CONFERENCE

Please print clearly and return completed form with payment to:

Conference Secretariat

EECW Pty Ltd, PO Box 749, Wembley, WA 6913 or fax to (08) 9389 1499

Privacy Statement: The Privacy Act 2001 provides that, before your personal contact details can be published, and may be made available to major sponsors, exhibitors, EECW Pty Ltd and other parties directly related to the Conference, you must give your consent.

If you do not consent to your contact details being provided to the above mentioned parties please tick this box.
If you do not tick this box we confirm that you consent.

ABN 33 304 773 467

For Office Use Only

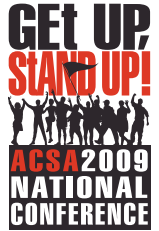
Ref No:

Date Received:

C/C Approval:

Completed by:

Date:



1. DELEGATE INFORMATION

Title: Prof/Dr/Mr/Mrs/Ms/Miss/Other: _____ Surname: _____

Given Name: _____

Organisation: _____

Position: _____

Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

Country: _____ Mobile: _____

Telephone: () _____ Fax: () _____

Email: _____

Name as you wish it to appear on your name badge: _____

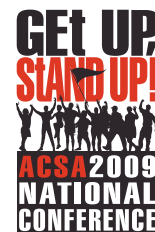
Special Requirements (dietary or otherwise): _____

2. REGISTRATION FEES

Registration Type	Early Bird (Closes 3 July 2009)	Regular (4 July 2009 Onwards)
Member Full Registration	<input type="checkbox"/> \$910	<input type="checkbox"/> \$1080
Non Member Full Registration	<input type="checkbox"/> \$1080	<input type="checkbox"/> \$1250
Discounted Member Full Registration (4 or more delegates)	<input type="checkbox"/> \$775	n/a
Full Time Student (written proof must be attached)	<input type="checkbox"/> \$310	<input type="checkbox"/> \$415
Single Day - Member <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed	<input type="checkbox"/> \$395	<input type="checkbox"/> \$395
Single Day - Non Member <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed	<input type="checkbox"/> \$555	<input type="checkbox"/> \$555
SUBTOTAL SECTION 2		\$

All fees include GST and are shown in Australian Dollars.

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3. INDUSTRY TOURS

Date	Tour	Cost per person	N° of tickets	Total Cost
Sunday 13 Sep	MYVISTA & Meath Care	\$33		\$
Sunday 13 Sep	Alzheimer's Australia WA	\$10		\$
Sunday 13 Sep	National Lifestyle Village	\$50		\$
SUBTOTAL SECTION 3				\$

4. CONCURRENT SESSIONS

To assist us in planning adequate seating at sessions, please indicate which of the concurrent sessions you wish to attend by ranking preferences 1-3 for each session (1 = most preferred).

Monday 14 September 2009 – Concurrent Session 1

- 1a – Leading the Charge
 1c – Stand Together
 1e – Where do You Stand?
 1b – Maintain the Rage
 1d – Get Up and Do It

Tuesday 15 September 2009 – Concurrent Session 2

- 2a – One Song Many Voices
 2d – For Whose Sake
 2b – Breaking the Chains
 2e – Forward Ever, Backward Never
 2c – Voices from the Frontline

5. OPTIONAL MORNING ACTIVITIES

Please indicate whether you will participate in the following:

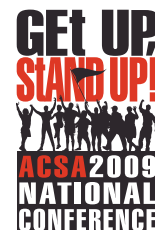
- Monday 14 September 2009 Meditation
 Tuesday 15 September 2009 Chi Kung
 Wednesday 16 September 2009 Tai Chi

6. SOCIAL FUNCTIONS

Date	Function	Type	Cost per person	Attendance (please indicate)	N° of Tickets	Total Cost
Sun 13 Sept	Welcome Reception	Full/Student/Discounted Registration	Nil	<input type="checkbox"/> Yes <input type="checkbox"/> No	1	Nil
		Additional Tickets	\$66			\$
Mon 14 Sept	Rural & Remote Dinner	Ticket	\$70			\$
Tues 15 Sept	Gala Dinner	Ticket	\$110			\$
Wed 16 Sept	Closing Rally Picnic Lunch	Full/Student/Discounted/Wednesday Registration	Nil	<input type="checkbox"/> Yes <input type="checkbox"/> No	1	Nil
		Additional Tickets	\$55			\$
SUBTOTAL SECTION 6						\$

7. OPTIONAL TOURS

Date	Tour	Cost per person	N° of Tickets	Total Cost
Sat 12 Sept	Swan Valley	\$77		\$
Thurs 17 Sept	Perth & Fremantle	\$77		\$
Thurs 17 Sept	Rottneest Island	\$120		\$
SUBTOTAL SECTION 7				\$



8. ACCOMMODATION

Please indicate your 3 preferences for accommodation.

A deposit of one night's payment for your nominated hotel or a credit card number is required with registration to secure your booking. Please note your credit card details will be forwarded onto the hotel to secure the booking only and no monies will be deducted by the Conference Secretariat. The hotel at its discretion may choose to debit your credit card for one night's accommodation. A cancellation fee may apply if cancelling within 30 days of arrival date.

Arrival: / /2009 ETA: am/pm Departure: / /2009

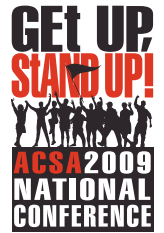
Hotel	Cost (per night)	Preference (1-3)	Room type (please indicate)
Parmelia Hilton Perth	\$295 \$315 \$375		<input type="checkbox"/> Twin room <input type="checkbox"/> Queen room <input type="checkbox"/> King room
The Marque Hotel Perth	\$205		<input type="checkbox"/> Deluxe room
Somerset St Georges Terrace	\$265		<input type="checkbox"/> Studio Deluxe
Rydges Perth	\$279		<input type="checkbox"/> Superior room
Citigate Perth	\$225		<input type="checkbox"/> Superior room
Duxton Hotel Perth	\$285		<input type="checkbox"/> Deluxe Twin room <input type="checkbox"/> Deluxe King room
Sheraton Perth Hotel	\$310		<input type="checkbox"/> Standard room
Hyatt Regency Perth	\$265		<input type="checkbox"/> King room
Holiday Inn Burswood	\$215		<input type="checkbox"/> Urban Twin room <input type="checkbox"/> Urban Queen room
InterContinental Hotel	\$275 \$275 \$305 \$305		<input type="checkbox"/> Classic Twin room <input type="checkbox"/> Classic King room <input type="checkbox"/> Classic Twin View room <input type="checkbox"/> Classic King View room
Medina Grand Perth	\$300		<input type="checkbox"/> Premier One Bedroom
Mounts Bay Waters Apartments	\$241 \$302 \$317		<input type="checkbox"/> 1 Bedroom/1 Bathroom <input type="checkbox"/> 2 Bedroom/1 Bathroom <input type="checkbox"/> 2 Bedroom/ 2 Bathroom
YMCA Jewell House	\$46 \$52 \$57		<input type="checkbox"/> Standard Single room <input type="checkbox"/> Basic Double room <input type="checkbox"/> Standard Double room
Trinity College	\$88		<input type="checkbox"/> Single Occupancy motel room

If sharing or accompanied by another person in a Twin/Double/Queen room please advise name.....

Please use my credit card to secure my accommodation booking as outlined in the Payment Details Section.

SUBTOTAL SECTION 8 \$.....

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9. RESERVED CAR PARKING

The prices stated below are subject to increase by the City of Perth, delegates will be notified of this increase. Reserved car parking must be booked by 21 August 2009.

Date	Cost per Day/per Bay	Number of Passes Required	Total Cost
Sun 13 Sept 2009	\$26.00		\$
Mon 14 Sept 2009	\$26.00		\$
Tues 15 Sept 2009	\$26.00		\$
Wed 16 Sept 2009	\$26.00		\$
SUBTOTAL SECTION 9			\$

10. PAYMENT SUMMARY

Subtotal Section 2 \$.....
 Subtotal Section 3 \$.....
 Subtotal Section 6 \$.....
 Subtotal Section 7 \$.....
 Subtotal Section 8 \$.....
(Section 8 not applicable if providing credit card details)
 Subtotal Section 9 \$.....
TOTAL PAYABLE \$.....

Credit Card Payment

Please charge \$..... to my MasterCard Visa AMEX

Card N°:..... Expiry:.....

Cardholder's Name:..... Signature:.....

Please note that your credit card statements will show 'EECW' under transaction details.

Cheques

I have enclosed a cheque for the amount of \$.....

Cheques should be made payable to "Aged & Comm Serv WA Inc – Confer 2009".

Electronic Banking

Account Name: Aged & Comm Serv WA Inc – Confer 2009

BSB: 306 089

Account Number: 2338752

Please email a remittance advice to info@eecw.com.au.

11. CANCELLATION POLICY

I understand and accept the conditions of the cancellation policy (see Registration Information).

Signature:..... Date:.....

A Tax Invoice will be issued upon receipt of your registration payment. Please keep a copy of this registration form for your GST records.