



# 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**