

**REGISTRATION FORM**

**Personal Details:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 (Preferred name for name tag)  
 Postal Address \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Work Organisation \_\_\_\_\_ (Delegate List will include Name & Organisation only)

**Registration Options:**

<i>See DEFINITIONS below —then tick your options</i>	MEMBER Early Bird (up to 08/10/10)	MEMBER (After 08/10/10)	NON MEMBER
<b>Full Registration</b> (2 days includes symposia beach dinner on Thurs Nov 11)	\$525 <input type="checkbox"/>	\$ 600 <input type="checkbox"/>	\$790 <input type="checkbox"/>
<b>1 Day Registration</b> (excludes symposia beach dinner)      Thurs <input type="checkbox"/> Fri <input type="checkbox"/>	\$280 <input type="checkbox"/>	\$330 <input type="checkbox"/>	\$420 <input type="checkbox"/>
<b>Student - Full Registration</b> (excludes symposia beach dinner)	\$280 <input type="checkbox"/>	\$330 <input type="checkbox"/>	\$420 <input type="checkbox"/>
<b>Student - 1 Day Registration</b> (excludes symposia beach dinner)      Thurs <input type="checkbox"/> Fri <input type="checkbox"/>	\$150 <input type="checkbox"/>	\$200 <input type="checkbox"/>	\$225 <input type="checkbox"/>

**Optional Extras:**

Symposia Dinner Thursday November 11 (per extra guest)	\$90 <input type="checkbox"/>	\$90 <input type="checkbox"/>	\$90 <input type="checkbox"/>
<b>YOUR TOTAL PAYMENT</b>	\$ _____ <input type="checkbox"/>	\$ _____ <input type="checkbox"/>	\$ _____ <input type="checkbox"/>

<b>DEFINITIONS:</b>	<b>Member:</b> current financial member of OT AUSTRALIA
	<b>Full Registration:</b> 2 days symposia & catering, symposia `satchel`, proceedings, dinner
	<b>1 Day Registration:</b> 1 day symposia & catering, symposia `satchel`, proceedings (dinner is an additional cost)
	<b>Student:</b> a person currently completing an OT Undergraduate course or Graduate Entry Masters course (dinner is an additional cost)

**Payment Options:**

**CHEQUE or MONEY ORDER** payable to: OT AUSTRALIA Qld (enclosed)       or **CREDIT CARD:** Visa / MasterCard Only

Card No: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Signature: \_\_\_\_\_

**Tax Invoice Required?** (employer funded registrations)      Please provide details for invoice below - **\*Payment must be made prior to event:**

Invoice to (Company Name): \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**\*Signature of Registrant** (please read the disclaimer and sign below):

**I confirm that I have read, understood and agree to abide by the payment conditions, and the cancellation policy, detailed below\*.**

**\*CANCELLATION POLICY:**

up to 30 days prior to the event - 10% of fee charged  
 up to 7 days prior to the event - 35% of fee charged  
within 7 days - no refund given for any reason

**\*PAYMENT CONDITIONS:**

Registrations cannot be confirmed without full payment being enclosed, or invoice details completed in full above and the invoice paid at least 7 days **PRIOR** to the event. **All payments MUST be received PRIOR to the event.**

**SPECIAL / DIETARY REQUIREMENTS:**

Please detail any special dietary requirements below, e.g. celiac, gluten free:

\_\_\_\_\_  
 Please detail any other special requirements below, e.g. access or other:

Send this registration form (with payment) to: **OT AUSTRALIA Qld, PO Box 729, Stones Corner 4120 or Fax to: 07 3397 6599**

Confirmation of registration will be forwarded with receipt (or electronically).

**If you have not received confirmation 2 weeks prior to the symposia please contact the office on: 07 3397 6744**