



REGISTRATION FORM AND INVOICE - ABN: 24 716 975 369

(GST is not applicable to AWE Invoices)

N.B. EARLY BIRD REGISTRATION IS BEFORE MAY 18

The Sebel Cairns

17 Abbott Street, Cairns QLD 4870

Phone: (07) 4031 1300 Fax: (07) 4031 1801

[Click here for directions](#)

(Please organize your own accommodation – The Sebel is offering conference rates – mention this at booking)

Tues 3 July – Thurs 5 July 2012

9:00 am-4:00pm 3-4 July

9:00am – 12.30pm 5 July

Please complete one registration form per person.

First Name:		Surname:	
School/Organisation:			
Position:			
Address:			
Suburb:		Postcode:	
Phone:		Fax:	
Email:			

Are you willing to have your details published in a participants' list? Yes [] No []

COSTS <i>Early bird registration before May 18</i>	Early bird	After May 18
AWE/WAVE Members (3 days)	<input type="radio"/> \$400	<input type="radio"/> \$450
Non-Members Registration (3 days)	<input type="radio"/> \$450	<input type="radio"/> \$490
Fulltime Student Discount Registration* (3 days)	<input type="radio"/> \$140	<input type="radio"/> \$140
Daily Registration(*No discounts for daily attendance)	<input type="radio"/> \$160 per day	<input type="radio"/> \$160 per day
Please indicate which day/s you will attend: [] Tues [] Wed [] Thurs		
Conference Dinner (Wed night) per person	\$75	\$75
Cancellations & Refunds: Cancellations will be accepted prior to Monday 1 June, 2012. These must be provided in writing via email. NO refunds are possible after this date.		

Do you have special dietary requirements? Yes [] No []

If so, please specify: _____

Do you have special access requirements? Yes [] No []

If so, please specify: _____

Payment summary (please complete relevant details)

Registration fee subtotal \$ _____

Conference Dinner subtotal \$ _____

TOTAL AMOUNT ENCLOSED grand total \$ _____

Method of payment: Print off, complete and mail this form to address: P O Box 229, Sandgate Q Australia 4017 or fax to AWE: 07 3869 3436

[] Cheque (made payable to **Association of Women Educators**, Or debit my [] Visa [] Mastercard

Card number: _____/_____/_____/_____

Expiry date: _____ Cardholder's name: _____

Signature: _____