

TAX INVOICE / REGISTRATION FORM

ABN 26 057 057 913

The Delphi Centre

The Trauma Model Conference - Dr Colin Ross
PO Box 518, Carlton North, Victoria 3054 Australia

Section A: Delegate Details

Register:

- 1) complete this form in **BLOCK letters** and keep a photocopy for your records
 - **forward with payment** (places can not be reserved without full payment)
 - **one form per delegate**
- 2) **secure online facility:** www.delphicentre.com.au - **Conference 2006**

Title Prof Dr Mr Ms Mrs Miss

Given name _____

Last name _____

Organization _____

Occupation _____

Postal Address - to mail you information (*please select*) work home

Organization (if work mailing address) _____

Street _____

Town/city _____

Postcode / Zip _____

State and Country _____

Telephone (business hours) () _____

Facsimile () _____

Mobile / Cell _____

Email _____

Special dietary / access requirements _____

Current Membership or Staff Affiliation - please indicate

- | | |
|--|--|
| <input type="checkbox"/> Belmont Hospital, Qld | <input type="checkbox"/> ISSD |
| <input type="checkbox"/> Mayne Pharma | <input type="checkbox"/> The Cannan Institute |
| <input type="checkbox"/> Australian Childhood Foundation | <input type="checkbox"/> The Australian College
of Psychological Medicine |
| <input type="checkbox"/> Dissociation Australia | <input type="checkbox"/> Wyeth |
| <input type="checkbox"/> Organon | |

Please complete overleaf

Section B: Registration Fees

All prices in Australian dollars and are inclusive of GST.

Please select the category you are registering for:	Early Bird	Standard	Late
	Full payment on or before 14 July '06	Payment from 15 July - 25 Aug '06	After 25 Aug '06
Individual	<input type="checkbox"/> \$350	<input type="checkbox"/> \$425	<input type="checkbox"/> \$480
Member / staff of sponsor*	<input type="checkbox"/> \$320	<input type="checkbox"/> \$395	<input type="checkbox"/> \$450
Group Booking (1 payment, 5+ people)#	<input type="checkbox"/> \$325	<input type="checkbox"/> \$400	<input type="checkbox"/> \$455
Full-time Student (Must Include Proof)^	<input type="checkbox"/> \$275	<input type="checkbox"/> \$350	<input type="checkbox"/> \$405

Requests for personalized tax invoices / purchase orders +\$30

NB: Registration form is **OFFICIAL TAX INVOICE**

* **Must** be **current** financial member or staff of listed sponsors - select overleaf

Groups of 5+ paid by 1 organization/person on 1 cheque / credit card - **must** use 1 form per person and mail together with all details

^ Proof of **full-time** student **must** accompany payment

Where / how did you hear about this training:

I wish to register for the 2006 conference in (please select city)

Melbourne 1-2 Sept Sydney 5-6 Sept Brisbane 9-10 Sept

Section C: Your Payment Options

Option 1: Online Registration Register online at our secure site
www.delphicentre.com.au

Option 2: Credit Card Mastercard, Visa or Bankcard **only** are accepted

Please charge my selected credit card for the amount of \$AUD

Bankcard Visa Mastercard

Credit card number

Print cardholder's name

Expiry date

Signature

Date

Option 3: Cheque, Bank Draft, Money Order - (in AUD)

Please make payable to: The Delphi Centre

?

Have you been sure to...

- include **Full payment** with your **completed registration** form
- check registration **Category** dates / **Current** membership of sponsor
- ensure your **agency** will forward your **reg. form together with payment**
- have **5 or more** delegates for a **Group** with **1 payment by 1 agency / person** only
- use **one form per delegate** with mailing address for receipt and information
- enclose documentation to **specify Full-time student** status
- read **Cancellation** and **Privacy / Liability Policy** applicable on registering
- Please note: **strictly no exceptions** under **any** circumstances