

TAX INVOICE

Registration Form ABN 26 057 057 913

The Delphi Centre

PO Box 518, Carlton North, Victoria 3054 Australia

Healing Chronic Traumatization Conference - Dr Ellert Nijenhuis

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 at www.delphicentre.com.au**

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 _____

Country _____

Telephone (business hours) () _____

Facsimile () _____

Mobile / Cell _____

Email _____

Special dietary / access requirements _____

Current Membership or Staff Affiliation - please indicate

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

Section B: Registration Fees

All prices in Australian dollars and are inclusive of GST.

Please select the category you are registering for:	Early Bird Full payment on or before 18 Feb	Standard Payment from 19 Feb - 1 Apr	Late After 1 Apr '05
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Individual	<input type="checkbox"/> \$350	<input type="checkbox"/> \$425	<input type="checkbox"/> \$480
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Member / staff of sponsor*	<input type="checkbox"/> \$320	<input type="checkbox"/> \$395	<input type="checkbox"/> \$450
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Group Booking (1 payment, 5+ people)#	<input type="checkbox"/> \$325	<input type="checkbox"/> \$400	<input type="checkbox"/> \$455
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Full-time Student ^ Must Include Proof	<input type="checkbox"/> \$275	<input type="checkbox"/> \$350	<input type="checkbox"/> \$405
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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 - **must** use 1 form per person and mail together
- ^ Proof of full-time student **must** accompany payment

I wish to register for the 2005 conference in (please select city)

Melbourne 8-9 Apr Sydney 11-12 Apr Brisbane 15-16 Apr

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 **payment by one agency/person** only
- use **one form** per delegate with mailing address for receipt and information
- enclose documentation to **specify FULL-TIME STUDENT** status
- note: **STRICTLY NO EXCEPTIONS** under **any** circumstances