



Australian Council of Deans of Education Annual Conference

The Aerial UTS Function Centre | Level 7, UTS Building 10 | 235 Jones St, Ultimo, Sydney

REGISTRATION FORM

17-18 OCTOBER 2011

TAX INVOICE

ABN: 93 835 779 670

ALL PRICES INCLUDE GST

Please read:

1. Return completed form to: On Q Conference Support, PO Box 3711 WESTON CREEK ACT 2611 or fax to 02 6161 4719
2. A separate form must be used for each delegate.
3. Delegates may also REGISTER ONLINE by accessing the website www.onqconferences.com.au/events/acderegistration.php
4. By submitting your registration you agree to the terms and conditions of the accommodation and standard cancellation policies.
5. Please contact On Q Conference Support, Email: info@onqconferences.com.au or telephone 02 6161 9024 if you have any problems.

SECTION 1: PERSONAL DETAILS

Title: _____ First name: _____ Surname: _____

Position: _____

Name of Institution: _____

Address: _____ State: _____ Postcode: _____

Telephone: (w) _____ Fax: _____ Email: _____

Please indicate the Group you will be working with (tick only one):

- Dean of Faculty or Heads of School Australian Research Directors in Education Network (ARDEN) Network of Associate Deans of Learning and Teaching in Education (NADLATE)

Delegate List Consent: Your organisation and email details as given in this form (and any subsequent amendment) will be included in the Delegate List produced for the Conference which will be supplied to organising bodies, sponsors, exhibitors and delegates attending the Conference.

- Please tick if you *do not* consent to inclusion of your details on the Delegate List.

SECTION 2: SPECIAL REQUIREMENTS

Dietary: _____ Mobility: _____

SECTION 3: REGISTRATION FEES

A registration includes: morning tea, lunch and afternoon tea on all two days of the conference; attendance at all sessions; delegate pack containing conference information/proceedings; attendance at the conference dinner on Wednesday evening.

Are you the person who will receive the funding for your Institution? Yes No

- If yes, Registration fee. \$100.00
 Full Conference Registration. \$600.00

Total AUD \$ _____

SECTION 4: SOCIAL FUNCTIONS

One ticket to the Conference Dinner is included in your registration. However, you must indicate if you will be attending the function by ticking the box below. If you do not indicate attendance, no ticket will be issued for you.

ACDE Conference Dinner, Monday 17 October 2011 : 7.00pm for 7.30pm 2-course meal including drinks.

- YES, I will be attending the Conference Dinner (cost included in full registration).
 I would like to buy ___ additional tickets @ \$85 per person

Total AUD \$ _____

SECTION 5: ACCOMMODATION PLEASE ENSURE YOU READ THE ACCOMMODATION REFUND/CANCELLATION POLICY

A number of rooms are held at the properties below for Conference Delegates and may be booked through registration. We may not be able to accept/confirm bookings made after 17 September 2011. If you should prefer accommodation other than that listed below, please call On Q Conference Support on 02 6161 9024 for assistance.

Date In: _____ ETA: _____ Date Out: _____ Smoking Non-Smoking

I will be accompanied by, or have arranged to share with: _____

	Room Type	(please circle)	Cost per night	Preference
Citigate Central Hotel 169-179 Thomas St Sydney NSW	Standard Queen	Single / Double / Twin	\$165.00	_____
Aspire Hotel Ultimo 383-389 Bulwara Road, Ultimo NSW	Standard Queen	Single / Double / Twin	\$129.00	_____

Please note that bookings will only be accepted if a deposit (of 1 night's stay minimum) is paid OR you confirm that you will pay the full amount of the hotel booking with this registration. Any outstanding balance and incidentals are then to be fixed with the hotel upon check out.

I will be paying for ___ night(s) with this booking and will settle any outstanding balance and incidentals with the hotel on checkout. Total AUD \$ _____

ACCOMMODATION REFUND/CANCELLATION: Any cancellations of accommodation must be made in writing to the Conference Manager thirty days prior to the Conference (17 September 2011). Any cancellation made after this date, will be accepted, however the deposit paid may not be refunded in all instances. This is hotel policy. Please note that if you provide credit card details and cancel after the 17 September, the hotel is also entitled to deduct one night's accommodation in lieu.

SECTION 6: PAYMENT SUMMARY

TAX INVOICE

ABN: 93 835 779 670 (Principal: Doreen Culliver)

Payment:

- Enclosed is my cheque (made payable to On Q Conference Support)
 I am faxing my requirements, payment will follow by mail.
 Direct Deposit (EFT) to - BSB: 06 2912 Account No: 1015 3163 Name: On Q Conference Support (Please provide faxed confirmation of the deposit to 02 6161 4719)
 Please charge my credit card. Type of card: AMEX VISA MC DINERS

Number on card: _____ / _____ / _____ / _____

Expiry date: ____ / ____

Name of cardholder: _____

Signature of cardholder: _____

Registration Fees: AUD\$ _____

Social Functions: AUD\$ _____

Accommodation: AUD\$ _____

GRAND TOTAL TO PAY: AUD\$ _____