

Event registration form

Growing workforce participation through diversity



Wednesday 24 October, 11.45am for 12pm to 2pm, **Hilton Adelaide, Vic Sq**

To register	Please complete this form and return it to CEDA by COB Monday 22 October 2012 Fax 08 8211 8222 Email hamilton.calder@ceda.com.au Post PO Box 8248 Station Arcade SA 5000 •Confirmation of registration will be given <u>one week before the event</u> . Please contact CEDA if this does not occur.			
Enquiries	Please phone Hamilton Calder on 08 8211 7222			
Registration	(all prices include GST)	Individual	Corporate tables of 8	Corporate Tables of 10
	CEDA Member	<input type="checkbox"/> \$165pp	<input type="checkbox"/> \$1,200	<input type="checkbox"/> \$1,500
	Non-member	<input type="checkbox"/> \$220pp	<input type="checkbox"/> \$1,600	<input type="checkbox"/> \$2,000
Payment options	Full payment is required before the event. <input type="checkbox"/> Cheque I enclose a cheque made payable to CEDA for \$ _____ <input type="checkbox"/> EFT Please email hamilton.calder@ceda.com.au with remittance advice quoting reference S241012 Account name: Committee for Economic Development of Australia Bank: NAB, 330 Collins Street, Melbourne 3000 BSB: 083 004 Account No: 515113346 <input type="checkbox"/> Credit card <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/> Diners Club Credit card number _____ Expiry date _____ Amount \$ _____ Name on Card _____			
	CEDA ABN 49 008 600 922 This form becomes a tax invoice/receipt when you make payment. A separate tax invoice will not be issued.			
Confirmation	<ul style="list-style-type: none"> ▪ Please provide an email address below in order for us to forward written confirmation of your registration, which will be sent approximately one week before the event. ▪ Please contact us if you do not receive confirmation. ▪ If registrations are closed you will be contacted immediately. 			
Registration details	First name _____ Last name _____ Position _____ Company _____ Phone _____ Email _____ Dietary requirements _____ First name _____ Last name _____ Position _____ Company _____ Phone _____ Email _____ Dietary requirements _____ Please photocopy this form if you are registering more than two delegates.			
Corporate tables	<ul style="list-style-type: none"> ▪ Please supply contact details of the organiser of the corporate table on your registration form. A confirmation email will be sent, and your complete list of guest details will be required at least one week before the event. 			
Cancellation policy	<ul style="list-style-type: none"> ▪ Cancellations received by Wednesday 17 October 2012 will be refunded in full. ▪ Full payment is required for any cancellation received after this date or for non-attendance on the day. ▪ Substitutions may be made at any time. ▪ All cancellations and changes must be forwarded in writing (by email or fax). 			
Privacy	<ul style="list-style-type: none"> ▪ CEDA collects this information to conduct our business, and it will not be passed to other organisations. ▪ Photography and audio recording may take place at CEDA events and may be reproduced in CEDA publications or on our website. 			