

**NT Council of Social Service Conference
Wednesday 16th – Friday 18th April 2008
REGISTRATION FORM**

PLEASE NOTE THAT THIS REGISTRATION FORM IS A TAX INVOICE. ABN 19 556 236 404
(This ABN belongs to NTCOSS)

DELEGATE INFORMATION

Title: _____ First Name*: _____ Surname*: _____

*This will be printed on your name badge

Organisation: _____

Position: _____

Mailing Address: _____

Suburb: _____ State: _____ Postcode: _____

Email: _____ Telephone: _____

Special Needs/Dietary Requirements: _____

ACCOMPANYING PERSON INFORMATION

Title: _____ First Name*: _____ Surname*: _____

*This will be printed on your name badge

Special Needs/Dietary Requirements: _____

SECTION A: CONFERENCE REGISTRATION FEES, 17-18 APRIL 2008

	EARLYBIRD (Before 14/3/08)	FULL REGISTRATION (From 15/3/08)	TOTAL
NTCOSS Members	<input type="checkbox"/> \$390.00	<input type="checkbox"/> \$440.00	\$.....
Non-Members	<input type="checkbox"/> \$440.00	<input type="checkbox"/> \$500.00	\$.....
Day Registration Date/s:.....		<input type="checkbox"/> \$245.00	\$.....

SECTION B: SECTOR DAY, WEDNESDAY 16TH APRIL 2008

The Sector Day includes a morning and an afternoon meeting, and lunch. Please indicate which meetings you wish to attend. Meetings will be held at the Holiday Inn Esplanade and the Darwin Entertainment Centre, lunch at the Noodle House Mitchell.			\$20.00 per person
10am – 12pm	<input type="checkbox"/> Disability	<input type="checkbox"/> Women's Issues	<input type="checkbox"/> Men's Issues
1.30pm – 3.30pm	<input type="checkbox"/> Law & Justice	<input type="checkbox"/> Mental Health, Alcohol & Other Drugs	<input type="checkbox"/> Youth

SECTION C: SOCIAL FUNCTIONS

Please indicate your attendance at the following events. You are welcome to bring guests to these events.

Function	Date/Time	No of Tickets	Total
Networking Breakfast	Wednesday 16 th April 2008 7.30am – 9.30am @ \$35.00	\$.....
Welcome reception	Wednesday 16 th April 2008 5pm – 6.30pm	I will / will not be attending	Included in registration fee
Welcome reception – additional tickets for guests	 @ \$40.00	\$.....
Territory Fair Conference Dinner	Thursday 17 th April 2008 @ \$55.00	\$.....

SECTION D: ACCOMMODATION

Accommodation must be pre-paid. Please send payment with this booking form.

Please book accommodation for me.

OR

I will book my own accommodation / I do not need an accommodation booking.

Holiday Inn Esplanade Darwin
\$155.00 per room per night
 One person (queen bed)
 Two people (queen bed)
 Two people (twin beds)

Poinciana Inn
 One person (double bed) \$125.00 per room per night
 Two people (double bed) \$135.00 per room per night
 Two people (twin beds) \$135.00 per room per night

Arrival date & time _____ Departure date _____

No of nights _____ @ \$ _____ per night TOTAL \$ _____

If sharing a twin/double room with another delegate, please advise their name _____

Please note that a credit card guarantee or \$100 cash deposit is required by all accommodation properties, upon check in, for any incidental room charges which may be incurred. Breakfast is not included in the above rates. Check in is at 2.00pm and check out no later than 10.00am on day of departure.

CANCELLATION & PRIVACY POLICY

Registrations: Cancellations will only be accepted in writing to the conference secretariat at the email or postal addresses on this form. Cancellations made prior to 14th March 2008 will be refunded, less \$100 to cover administration costs. Cancellations made after this date, or non-attendance at the event, will incur full fees and no refund will be given. Registration may be transferred to another person at no cost. Any changes to registrations must be advised in writing to the conference secretariat.

Accommodation: A 50% cancellation fee will apply for any cancellation made between 15 and 30 days (inclusive) before your arrival. A 100% cancellation fee will apply for any cancellation made within 14 days of your arrival.

I have read and accept the above cancellation policy. Signature: _____

All relevant delegate details will be stored in a database used by Eventuate to manage the registration process and conference organisation. A list of delegate names and contact details will be retained by Eventuate and may be used to send related information. Delegate names and contact details will be supplied to sponsors of the conference and to the NT Council of Social Service, but will not be passed on or sold to any other organisations. For networking purposes, a delegate list will be provided to all conference delegates.

Please tick if you do not wish to be included on the delegate list.

DISCLAIMER: This information is correct at the time of publishing and, in the event of unforeseen circumstances, the organisers reserve the right to alter or delete items from the Conference program.

PAYMENT DETAILS

All registration fees, accommodation & social functions must be pre-paid. In completing payment for your registration please refer to the above cancellation policy. All prices are quoted in Australian dollars and are inclusive of 10% GST. Debits will appear as NTCOSS on your credit card statement.

	Total AUD\$
Registration fees
Sector Day
Social functions
Accommodation
Total payment

Cheque or Money Order payable to “**NT Council of Social Service**” must be made in Australian dollars free of all charges and payable on an Australian Bank

Please debit my card for \$.....

Mastercard Visa

Cardholder's Name..... Expiry Date.....
Please print name as it appears on the card

Card number

Cardholder Signature.....

RETURN THIS FORM ALONG WITH YOUR PAYMENT TO THE CONFERENCE SECRETARIAT:

EVENTUATE
PO Box 2206, PARAP NT 0804, AUSTRALIA
Tel (08) 8942 2644 Fax: (08) 8942 2699 Email: ntcoss2008@eventuate.com.au