

REGISTRATION FORM

Please complete **one form per person** and print clearly. Keep a copy for your personal records. Send the completed form in the Reply Paid Envelope or Fax to (03) 9882 9210. To register online go to www.ableaustralia.org.au and follow the links to the Deafblind Conference.

Title (Dr/Mr/Mrs/Ms/Miss etc) _____ First Name _____ Surname _____

Position _____ Organisation _____

Address _____

City/Suburb _____ State _____ Postcode _____ Country _____

Telephone _____ Fax _____ Email _____

REGISTRATION OPTIONS & FEES

The following are included in your registration (for the day/s registered):

Entry to all conference sessions, Morning & Afternoon Teas & Lunch, 1 x Conference Satchel and notes, Entry to Trade Exhibition

Please tick one box below.

ATTENDEES	DAYS ATTENDING	Early Bird Rate – paid by 12th February 2010 (incl GST)	Standard Rate – paid after 13th February 2010 (incl GST)
General Delegates* People who are deafblind, family, carers and students	Full Registration (3 days)	<input type="checkbox"/> \$365	<input type="checkbox"/> \$465
	Wednesday 28 April only	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250
	Thursday 29 April only	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250
	Friday 30 April only	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200
Professional Delegates Service providers, healthcare professionals, educators, etc	Full Registration (3 days)	<input type="checkbox"/> \$625	<input type="checkbox"/> \$675
	Wednesday 28 April only	<input type="checkbox"/> \$370	<input type="checkbox"/> \$420
	Thursday 29 April only	<input type="checkbox"/> \$370	<input type="checkbox"/> \$420
	Friday 30 April only	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350

TOTAL REGISTRATION \$ _____

*A 10% Group discount applies if 10 or more deafblind delegates register through the one deafblind services provider. You must write Group Discount on top of form including the name of the deafblind services provider you receive support from.

OPTIONAL SOCIAL ACTIVITIES

Please tick the Activities you would like to participate in below. NB there are limited seats for the Gala Dinner.

Pre-conference Registration & Cocktail Party: 26th April 2010, Jasper Hotel \$45.00 pp _____ Number attending?

Gala Dinner "Masquerade Ball": 29th April 2010, Jasper Hotel \$110.00 pp _____ Number attending?

Activities for Deafblind people, carers and family

Please mark 1, 2, 3 in order of preference in the box in front of each activity. The two (2) most popular activities will be held.

Yarra River Boat Cruise: 30th April 2010 (incl Afternoon Tea) \$30.00 pp _____ Number attending?

Winery Tour: 30th April 2010 (incl Afternoon Tea) \$30.00 pp _____ Number attending?

Botanical Gardens outing: 30th April 2010 (incl Afternoon Tea) \$30.00 pp _____ Number attending?

TOTAL SOCIAL ACTIVITIES \$ _____

SPECIAL REQUIREMENTS

Please tick the boxes below indicating your requirements.

- Auslan Interpreter
- Tactile Interpreter. Interpreting Table required: YES NO
- Deafblind Finger Spelling Conference notes in Braille
- Assistance from a Sighted Guide Live Captioning
- Note Taker Hearing Loop
- Conference notes in Large Print
- Assistance with Guide Dog. Please specify details: _____
- Transport Assistance required. Please specify: _____
- Special dietary requirements. Please specify: _____
- Other requirements / relevant information: Please specify: _____

PAYMENT SUMMARY

Conference Registration Total \$ _____

Social Activities Total \$ _____

GRAND TOTAL \$ _____

PAYMENT METHOD

Full payment **MUST** accompany all registration forms. All registrations will be acknowledged in writing within seven (7) days of receipt of payment.

Please tick your method of payment and complete your details where required:

Direct Deposit / Eftpos. Bank: Bendigo Bank. Account Name: Able Australia Services. BSB 633 000 Acc # 1155 99 839
Please email us to confirm lodgment of payment to events@ableaustralia.org.au

Cheque Please make payable to Able Australia

MasterCard Diners Visa Amex

Card Number Expiry Date: /

Cardholder's Name _____

Signature _____

CANCELLATION POLICY

Cancellations must be received in writing. A 15% cancellation fee will be applicable for cancellations received 2 months prior to the conference. A 50% cancellation fee will be applicable for cancellations received 1 month to 2 months before the conference. No refunds will be issued for cancellations received less than 1 month before the conference.

PRIVACY

In registering for the conference, relevant details may be forwarded onto the organising committee. It is also intended to provide a delegate list for networking benefits. If you **do not** wish your details to be forwarded, please tick this box.

ENQUIRIES

Patricia Karagiorgos, Events Coordinator, Able Australia, 616 Riversdale Road, Camberwell VIC 3124
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Email: patricia.karagiorgos@ableaustralia.org.au OR events@ableaustralia.org.au