

# Delegate Registration Form and Tax Invoice ABN: 53782362507

## Section A: Delegate Details

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
Organisation: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

Special Dietary Requirements: \_\_\_\_\_

CMSA Member No (if applicable):

Membership number as shown on membership certificate or renewal receipt.

Please note: Each CMSA membership number can be used only once to obtain the reduced member rate.

## Section B: Registration Fees

	Before 31/7/10	After 31/7/10	Payment
CMSA Member	\$690	\$760	\$ _____
Non-Member	\$800	\$880	\$ _____
CMSA Member One Day Delegate	\$400	\$400	\$ _____
Non-Member One Day Delegate	\$450	\$450	\$ _____

If One Day Delegate, please tick  day of attendance:  Thursday 16/9  Friday 17/9

Total Registration Fees \$ \_\_\_\_\_

## Section C: Additional Cocktail Function Ticket

Please tick  I will be attending Cocktail Function  I will not be attending Cocktail Function

Please note: Entry to the Cocktail Function is included in 2 day conference registration cost.

Additional Day Delegate/Guest Ticket \$75 \$ \_\_\_\_\_

Name of Guest: \_\_\_\_\_

## Section D: Membership

Please take this opportunity to pay for your CMSA Membership for the following 12 months.

(Note: CMSA Membership entitles you to \$100 discount on Conference registration).

Please tick  New \$267  Renewal \$232 \$ \_\_\_\_\_

## Section E: Optional Pre Conference Workshop

CMSA Member \$350 \$ \_\_\_\_\_

Non Member \$400 \$ \_\_\_\_\_

## Section F: Total Payment

All cheques and bank drafts must be in Australian Dollars and drawn on an Australian Bank. Please make payable to CMSA

Payment Section B Registration Fees \$ \_\_\_\_\_

Payment Section C Cocktail Function (additional tickets) \$ \_\_\_\_\_

Payment Section D Membership \$ \_\_\_\_\_

Payment Section E Optional Pre Conference Workshop \$ \_\_\_\_\_

**Total Payment** \$ \_\_\_\_\_

## Section G: Credit Card Payment

Please tick box:  Mastercard  Visa Expiry Date: \_\_/\_\_/\_\_

Cardholders Name: \_\_\_\_\_

Card Number:

Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Please complete and return to: CMSA, PO Box 1228 Castle Hill NSW 2154

Telephone: +61 2 8850 5447 Facsimile: +61 2 8850 5447 or alternatively, pay by Electronic Funds Transfer to:

Account Name: Case Management Society of Australia Bank: NAB BSB: 083170 Account No: 677505983

Please forward remittance advice to CMSA on Fax: +61 2 8850 5447 Email: cmsa@cmsa.org.au

Include Organisation and delegate name in advice.