



ORANGE CONFERENCE REGISTRATION FORM

THURSDAY 14 — FRIDAY 15 NOVEMBER 2019

Name of Company/Organisation: _____

Address: _____ Suburb: _____ State: _____ Postcode: _____

Contact Name: _____ P: _____ E: _____

You have the option of securing a full registration or individual sessions. **Please indicate the delegates attendance at the specific sessions.** CCANSW financial Full Members receive one free conference registration. If you qualify for this special offer, place Nil in the costing column. If you are registering more than two people, please copy this form.

	FULL REGISTRATION INCLUDING:									INDIVIDUAL SESSIONS/EVENTS:					Amount	
	Thursday					Friday				Thursday			Friday			
	Cemetery Tour to Orange General Cemetery	AM Plenary Sessions	Lunch	PM Plenary Sessions	Dinner @ Racines	AM Plenary Sessions	Lunch	PM Plenary Sessions (inc EGM & AGM)	Dinner @ The Green-house of Orange	Cemetery Tour to Orange General Cemetery	Full Day Plenary Sessions (inc. lunch)	Dinner @ Racines	Full Day Sessions (inc EGM, AGM & Lunch)	Dinner @ The Green-house of Orange		
First Time attendee	\$550 pp (Ex GST): CCANSW Members & Members of an Affiliated Association (CCAV, CCA-WA, CCASA & ACCA) \$670 pp (Ex GST): Non members									CCANSW members: \$10 \$200 \$160 \$200 \$140 Non members: \$10 \$270 \$185 \$270 \$180 (Prices are Ex GST)						
Name and Email of Delegate	Y/N	Please tick sessions that each delegate is attending									Please tick sessions that each delegate is attending					
1st Delegate:															\$	
Name:																
Email:																
2nd Delegate:															\$	
Name:																
Email:																
Secretarial Note: Please detail any messages to the Secretariat, including Special Dietary Requirements:												Sub-Total:	\$			
												Plus: 10% GST:	\$			
												Total Amount Payable:	\$			

Registration Cancellations & Refunds : Registration cancellations received in writing by the Conference Secretariat prior to Friday, 18 October 2019 will incur a \$100 cancellation fee. Thereafter, no refunds will apply, however substitute delegates will be accepted without penalty.

Payment: This document will be a TAX INVOICE for GST when you make a payment (GSTR 2000/17). ABN 29 585 601 087

Tick Box **Preferred Method of Payment - EFT: BSB: 032-006 Account No: 48-4903** Please quote company name as reference & return completed Registration Form to the Secretariat to ensure registration. EFT payment must be received with return of Registration Form. If your Registration Form is not returned, we are unable to register you!

Tick Box **Paying by Cheque:** Please make cheque payable to Cemeteries & Crematoria Association of NSW

Please return completed form to CCANSW Secretariat: PO Box A233, Sydney South NSW 1235 P: 02 8246 2504 F: 02 9264 5699 E: mary.reid@afei.org.au

Privacy Note: In registering for this Conference, your name and organisation will be incorporated on a delegate list, that will be made available to CCANSW members & conference attendees. Should you not wish for your details to be included in the delegate list, please tick the box.