



**weaving our
children's voices**

Weaving Our Children's Voices

NT Early Childhood Conference 3-6 September 2003

Please complete all sections and return to Early Childhood Australia Inc (NT):

Fax: (08) 8948 0802

Email: administration@ciss.asn.au

Postal Address: PO Box 41936, Casuarina, NT 0811

**Street Address: Shop 11 Rapid Creek Village,
Trower Rd, Rapid Creek**

Title: _____ First Name: _____ Surname: _____

Organisation: _____ Position: _____

Postal Address: _____ City: _____

State: _____ Postcode: _____ Country: _____

Business Ph: _____ Mobile: _____

Business Fax: _____ Email: _____

Special Requirements: _____

Name to appear on name badge: _____

How did you hear about the conference? _____

REGISTRATION TYPES

FULL REGISTRATION

Full Early Bird (by 31 July) AUD\$240.00

Full Standard AUD\$290.00

DAY REGISTRATION (cost per day)

Day AUD\$110.00

Concessional Day AUD\$75.00 (Concessional Day registration includes full time students, pensioners, health care card holders, stay at home parents)

Travel Assistance

Yes, I would like to apply for travel assistance as I live in a rural/remote location (the Conference Secretariat will contact you).

Day registrants, please indicate which day(s) you will be attending:

Thursday Friday Saturday

SOCIAL PROGRAM

The following social activities are a part of the conference, but not necessarily part of the registration fee. For catering purposes please indicate if you will be attending:

Welcome Reception - Wednesday 3 September 5.30pm-7.00pm

Number of tickets _____ at \$0.00 per person.

Conference Dinner - PeeWee's, East Point

Number of tickets _____ at \$60.00 per person \$ _____

Please indicate the name/s of additional attending people the dinner: _____

ACCOMMODATION

I will be making my own accommodation arrangements

or

Hotel Name: (preference 1) _____

Hotel Name: (preference 2) _____

Room Type: (standard/deluxe etc) _____ Sgl: _____ Dbl: _____ Twin: _____

Check in: _____ Time: _____ Check out: _____

Total number of nights required: _____ Sharing with: _____

PAYMENT DETAILS

Please note that full payment is required PRIOR to your arrival in Darwin. In order to receive the special conference accommodation prices, the accommodation must be booked and paid for in full to the Australian Early Childhood Association NT Branch prior to your arrival in Darwin.

Payment

Registration Fees	AUD\$ _____
Dinner Tickets	AUD\$ _____
Accommodation	AUD\$ _____
TOTAL PAYMENT REQUIRED	AUD\$ _____

Cheques: Please make cheques payable to "Australian Early Childhood Association NT Branch"

Direct Deposit:
If payment is made by direct deposit, a copy of the deposit slip must be forwarded to Early Childhood Australia (NT) Branch.

Account Name:	Early Childhood Australia (NT) Branch
Address:	Casuarina
Bank:	Westpac
Branch Number:	035 306
Account Number:	130609

Cash: Please hand deliver to: Shop 11 Rapid Creek Village
Trower Road
RAPID CREEK
Darwin NT

If you require a Tax Invoice, please indicate below.

Yes, I require a Tax Invoice.

No, I do not require a Tax Invoice.

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