



city growth, sustainability, vitality and vulnerability

TAX INVOICE

ABN 68 008 784 585

REGISTRATION FORM page 1

24 - 27 November 2009
University of Western Australia
Perth, Western Australia

DELEGATE INFORMATION

Mr/Mrs/Ms/Dr/Prof First name:
Family name:
Position:
Organisation:
Postal address:
City:
Country:
Postcode:
Tel (Bus):
(Hm):
Fax (Bus):
Mobile:
Email:
Special needs (dietary / disabled etc)

Please DO NOT include my name on the published delegate list.

REGISTRATION FEES (All fees inclusive of GST)

Table with 2 columns: Registration Type and Fee. Includes Full Registration Early Bird\*, Full Registration General, Student Registration, and One Day Registration.

Please select day: WEDNESDAY / THURSDAY / FRIDAY)

Table with 2 columns: Workshop Type and Fee. Includes PhD Workshop for registered Students and PhD Workshop NON-Registered Students.

\* Early Bird must be paid BY Friday 2 October

FULL-TIME STUDENTS to have completed by their Head of Department
I hereby certify that ... is a fulltime student.
Head of Department:
Department:
Institution:
Signed:
Date:

EXHIBITION BOOKING

Stand Cost @ \$1320 (\$120 GST)

SOCIAL PROGRAM

Tuesday 24 November 2009

WELCOME RECEPTION

Royal Perth Yacht Club - 5.15pm

- Delegate (included for full and student registration)
Additional tickets @ \$44 (\$4 GST) ea x

Wednesday 25 November 2009

CITY OF PERTH CIVIC RECEPTION

Council House, 11th Floor Reception - 6.30pm

- Delegate (included for full and student registration)
(Attendance is limited to the first 170 delegates who register)

Thursday 26 November 2009

CONFERENCE DINNER

Royal Perth Yacht Club - 7.00pm

- Delegate (included for full registration only)
Additional tickets @ \$99 (\$9 GST) ea x

CONCURRENT SESSIONS

To assist with forward planning, please indicate your preferred themes of interest in order 1-6.

- Economy
Environmental
Governance
Health
Infrastructure
Social

DOMESTIC TRAVEL

Corporate Travel Management (CTM) offer their services to the SOAC 2009 Conference. CTM offers the 'best internet and special fares' available on Qantas, Jetstar and Virgin Blue.

Contact CTM and quote the conference code: SOAC09

Monday to Friday: 9am - 5pm (QLD time) Phone: 1800 630 866 or email: groups@travelctm.com.

Cancellation policy: Registration cancellations must be made in writing to the conference secretariat, Promaco Conventions. Cancellations received prior to Friday 13 November will incur a penalty fee of \$132.



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UWA STUDENT ACCOMMODATION

- St Thomas More College \$60.50 student room, shared bath
Currie Hall \$60.50 student room, shared bath
St Catherine's College \$68.75 student room, shared bath
St George's College \$232 / 3 bdrm, 3 bath townhouse

Room type: SINGLE DOUBLE TWIN

Check-in date: Check-out date:

I will be sharing with:

No. of nights: One night deposit:

NOTE: A one night deposit is required to accept your booking. Venues are responsible for their own GST. Please ask for a tax invoice at check-out.

CBD HOTEL OPTIONS

Bookings for the CBD venues below must be made direct with the hotel. All are on accessible public transport routes to UWA.

- Sullivans Hotel
Mounts Bay Waters Apartment
The Marque Hotel, Perth

PLEASE NOTE: The registration form is your TAX INVOICE. It is the delegate's responsibility to retain a copy of the tax invoice/form. The receipt of payment will be sent to the person named in the delegate information section.

PAYMENT DETAILS

Table with columns: Description, COST, OFFICE. Rows include REGISTRATION FEES, EXHIBITION BOOKING, SOCIAL PROGRAM, ACCOMMODATION, and TOTAL.

\* For all credit card payments, a 3% Bank Fee will be charged on the total cost.

TO MAKE PAYMENT BY CHEQUE:

Please make CHEQUES in AUSTRALIAN DOLLARS
Payable to: Promaco Conventions Pty Ltd
Address: PO Box 890, Canning Bridge WESTERN AUSTRALIA 6153

TO MAKE PAYMENT BY EFT:

Account name: Promaco Conventions Pty Ltd
BSB: 306 107 ACCOUNT NO. 521 958 7
BANK: Bankwest BRANCH: Adelaide Terrace, Perth
REFERENCE: SOAC09 and YOUR Last Name/First Name

TO MAKE PAYMENT BY CREDIT CARD\*

MASTERCARD VISA AMEX
Cardholder (please print)
Expiry date Signature:

