|  |  |
| --- | --- |
|  |  |
| *Strengthening networks to inform and improve outcomes for young people*  *Including Workforce Development in the Health & Community Services Sector*  **2015 Conference Registration Form** | |
| **This form enables you to:**   * Register * Request a Tax Invoice for payment   **Notes:**   * All prices include GST * By completing this registration form you have read, understood and agreed to the cancellation policy and the privacy statement as stated on this form and the website * Please send this completed form to Western Student Connections by fax 0268856199 or email to [reception@wsc.edu.au](mailto:reception@wsc.edu.au) * One form per person * Return Registration Form: Fax to **02 6885 6199** Email: [**reception@wsc.edu.au**](mailto:reception@wsc.edu.au) * **Registrations are open up to Close of Business, Friday October 23rd 2015** | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Contact details** | | | | | | | | | | |
| Mr  Ms  Mrs  Miss  Dr  Prof | | | | | | Other (Please specify) | | | | |
| **Last name** |  | | | **First name** | | |  | | | |
| **Organisation** |  | | | | | | | | | |
| **Position** |  | | | | | | | | | |
| **Address** |  | | | | | | | | | |
| **Suburb/Town** |  | | | | | | | | | |
| **State** |  | | | | **Postcode** | | |  | | |
| **Work phone** |  | **Work fax** |  | | | | | | **Mobile** |  |
| **Email** |  | | | | | | | | | |

|  |  |
| --- | --- |
| **Registration Type** | **Rate** |
| **Participant** | $200 (incl. GST) |
| **Speaker/Workshop Presenter** | $0 |
| **Display-only Official** | $0 |
| **WSC Staff/Board Members** | $0 |
| *Please note:*  *You will receive an email to confirm your provisional registration (when this registration form is received).*  *When your payment has been processed you will receive a confirmation of your registration.*  *There will be NO reimbursement for cancellation.*  *Credit Card facilities are available – please phone WSC on 02 6885 6144 with your credit card handy.* | |

|  |  |  |
| --- | --- | --- |
| **Special Requirements** | | |
| Please list any special requirements | Wheelchair access | Other please specify |
|  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Participant dietary requirements**  **Please note: if you have selected Halal you will be provided with a vegetarian meal. If you require an alternative meal please contact reception@wsc.edu.au** | | | |
| **Participant:** | | | |
| Vegetarian | Vegan | Gluten free | Halal |
| Allergy to nuts | Lactose Intolerant | No Beef | No seafood |
| Other please specify: | | | |
| Staying for pre-conference drinks (Commercial Hotel Wednesday 4th November, 7pm)  Yes  No | | | |

|  |  |
| --- | --- |
| **Payment options** | |
| * On receipt of this registration form a Tax Invoice will be generated and sent via email to your organisation for payment. Payment is required within 7 days of receipt of Tax Invoice. * Direct debit, cheque and bank transfer information will be available on the Tax Invoice. * For credit card payments, please phone WSC on 02 6885 6144 to give your credit card details. | |
| **For Tax Invoice:** | |
| **Organisation Name** |  |
| **Organisation Address** |  |
| **Organisation ABN** |  |
| **Email Address** |  |
| **Contact Name** |  |

I have read and understood the terms & conditions (see next page)

Signature:

**Send to: Email** [**reception@wsc.edu.au**](mailto:reception@wsc.edu.au) **Fax 02 6885 6199**

|  |
| --- |
| **Terms and conditions** |
| **REGISTRATION CONDITIONS**  **Cancellation Statement:** There will be NO refund for cancellations.  **Transfer of registration:** Transfer of your registration to another person is acceptable. The full name and details of the person that will replace you must be advised in writing with a new, completed registration form to the WSC office prior to the conference.  **Non-attendance:** No refunds will be made for non-attendance at the conference. |
| **Privacy statement** |
| WSC “Achieving Vocational Outcomes” Conference 2015 is bound by and committed to supporting the National Privacy Principles (NPPs) set out in the Privacy Amendment (Private Sector) Act 2000.  **Use of personal information**  The conference organiser will collect and store information you provide in this registration form for the purposes of enabling us to:   * register your attendance at the conference; * assist with administrative and planning purposes; * plan and develop conferences and other events in the future; * facilitate your requirements in relation to the conference; and * allow the compilation and analysis of statistics relevant to the conference.   The information that you provide in the registration form and information provided at any other time during the conference, including without limitation any feedback obtained during the conference, will be used by the conference organiser to offer, provide and continue to improve its conferences and other services. |