**GROUP REGISTRATION
INSTRUCTIONS FOR COMPLETION**

Please complete all the below fields for each of your group members.

Once the form has been completed, email it to conference@asid.asn.au and the conference organisers will register your group.

**Registering a group but not attending yourself?**

If you are organising these registrations but not attending the conference, please complete this information:

·       Organiser’s name:

·       Organiser’s email:

·       Organiser’s telephone number:

**Registering yourself as part of the group?**

If you are organising the registrations and attending the conference, please fill your details in Registration 1 below and tick the box.

**Payment**

The group invoice will be sent to the person who completes this form (registration 1 or the organiser as per the completed form). Payment can be organised by credit card or EFT.

The conference organisers will issue an invoice with bank details after this form is submitted.

They will also create a profile in our online registration system and you shall receive an automatic email from the system confirming the details.

If you wish to pay by credit card, you can do this by logging into your profile and submitting the card details. If you need assistance with paying by credit card you can email us at conference@asid.asn.au.

If you have any further questions or require assistance at any stage of the registration process, please do not hesitate to contact the Conference Organisers:

E: conference@asid.asn.au
T: +61 2 9431 8600

|  |
| --- |
| **Registration 1** |
| **First name** |  |
| **Last name** |  |
| **Email address**  |  |
| **Mobile number** |  |
| **Organisation/employer name** |  |
| **State**  |  |
| **Registration type (Please highlight your selection)** | Member* 3 Day (Full registration)
* 1 Day (Day registration)

Non Member* 3 Day (Full registration)
* 1 Day (Day registration)

Student* Member - 3 Day (Full registration)
* Member - 1 Day (Day registration)
* Non Member - 3 Day (Full registration)
* Non Member - 1 Day (Day registration)

Concession* Member - 3 Day (Full registration)
* Member - 1 Day (Day registration)
* Non Member - 3 Day (Full registration)
* Non Member - 1 Day (Day registration)

*If selected please specify concession card type:NZ Community services card / Australian Commonwealth/Federal Government concessions cards / Pensioner concession card / Health Care card (all types) / Commonwealth Seniors health card*Support* 3 Day (Full registration)
* 1 Day (Day registration)

*If selected please specify which attendee this person will be supporting at the conference:* |
| **Do you require any accommodations to participate in the conference? If so, please describe** |  |
| **Do you consent to your name and organisation to be listed in the conference app?** | Y/N |
| **I am the organiser of this group registration** | Please circle: Y/N  |

|  |
| --- |
| **Registration 2** |
| **First name** |  |
| **Last name** |  |
| **Email address**  |  |
| **Mobile number** |  |
| **Organisation/employer name** |  |
| **State**  |  |
| **Registration type (Please highlight your selection)** | Member* 3 Day (Full registration)
* 1 Day (Day registration)

Non Member* 3 Day (Full registration)
* 1 Day (Day registration)

Student* Member - 3 Day (Full registration)
* Member - 1 Day (Day registration)
* Non Member - 3 Day (Full registration)
* Non Member - 1 Day (Day registration)

Concession* Member - 3 Day (Full registration)
* Member - 1 Day (Day registration)
* Non Member - 3 Day (Full registration)
* Non Member - 1 Day (Day registration)

*If selected please specify concession card type:NZ Community services card / Australian Commonwealth/Federal Government concessions cards / Pensioner concession card / Health Care card (all types) / Commonwealth Seniors health card*Support* 3 Day (Full registration)
* 1 Day (Day registration)

*If selected please specify which attendee this person will be supporting at the conference:* |
| **Do you require any accommodations to participate in the conference? If so, please describe** |  |
| **Do you consent to your name and organisation to be listed in the conference app?** | Y/N |
| **I am the organiser of this group registration** | Please circle: Y/N  |

|  |
| --- |
| **Registration 3** |
| **First name** |  |
| **Last name** |  |
| **Email address**  |  |
| **Mobile number** |  |
| **Organisation/employer name** |  |
| **State**  |  |
| **Registration type (Please highlight your selection)** | Member* 3 Day (Full registration)
* 1 Day (Day registration)

Non Member* 3 Day (Full registration)
* 1 Day (Day registration)

Student* Member - 3 Day (Full registration)
* Member - 1 Day (Day registration)
* Non Member - 3 Day (Full registration)
* Non Member - 1 Day (Day registration)

Concession* Member - 3 Day (Full registration)
* Member - 1 Day (Day registration)
* Non Member - 3 Day (Full registration)
* Non Member - 1 Day (Day registration)

*If selected please specify concession card type:NZ Community services card / Australian Commonwealth/Federal Government concessions cards / Pensioner concession card / Health Care card (all types) / Commonwealth Seniors health card*Support* 3 Day (Full registration)
* 1 Day (Day registration)

*If selected please specify which attendee this person will be supporting at the conference:* |
| **Do you require any accommodations to participate in the conference? If so, please describe** |  |
| **Do you consent to your name and organisation to be listed in the conference app?** | Y/N |
| **I am the organiser of this group registration** | Please circle: Y/N  |

|  |
| --- |
| **Registration 4** |
| **First name** |  |
| **Last name** |  |
| **Email address**  |  |
| **Mobile number** |  |
| **Organisation/employer name** |  |
| **State**  |  |
| **Registration type (Please highlight your selection)** | Member* 3 Day (Full registration)
* 1 Day (Day registration)

Non Member* 3 Day (Full registration)
* 1 Day (Day registration)

Student* Member - 3 Day (Full registration)
* Member - 1 Day (Day registration)
* Non Member - 3 Day (Full registration)
* Non Member - 1 Day (Day registration)

Concession* Member - 3 Day (Full registration)
* Member - 1 Day (Day registration)
* Non Member - 3 Day (Full registration)
* Non Member - 1 Day (Day registration)

*If selected please specify concession card type:NZ Community services card / Australian Commonwealth/Federal Government concessions cards / Pensioner concession card / Health Care card (all types) / Commonwealth Seniors health card*Support* 3 Day (Full registration)
* 1 Day (Day registration)

*If selected please specify which attendee this person will be supporting at the conference:* |
| **Do you require any accommodations to participate in the conference? If so, please describe** |  |
| **Do you consent to your name and organisation to be listed in the conference app?** | Y/N |
| **I am the organiser of this group registration** | Please circle: Y/N  |

|  |
| --- |
| **Registration 5** |
| **First name** |  |
| **Last name** |  |
| **Email address**  |  |
| **Mobile number** |  |
| **Organisation/employer name** |  |
| **State**  |  |
| **Registration type (Please highlight your selection)** | Member* 3 Day (Full registration)
* 1 Day (Day registration)

Non Member* 3 Day (Full registration)
* 1 Day (Day registration)

Student* Member - 3 Day (Full registration)
* Member - 1 Day (Day registration)
* Non Member - 3 Day (Full registration)
* Non Member - 1 Day (Day registration)

Concession* Member - 3 Day (Full registration)
* Member - 1 Day (Day registration)
* Non Member - 3 Day (Full registration)
* Non Member - 1 Day (Day registration)

*If selected please specify concession card type:NZ Community services card / Australian Commonwealth/Federal Government concessions cards / Pensioner concession card / Health Care card (all types) / Commonwealth Seniors health card*Support* 3 Day (Full registration)
* 1 Day (Day registration)

*If selected please specify which attendee this person will be supporting at the conference:* |
| **Do you require any accommodations to participate in the conference? If so, please describe** |  |
| **Do you consent to your name and organisation to be listed in the conference app?** | Y/N |
| **I am the organiser of this group registration** | Please circle: Y/N  |