

# Registration Form

A tax invoice will be issued when your registration has been processed. This tax invoice must be presented at conference registration. Your place has not been confirmed until this tax invoice is issued.

Name: \_\_\_\_\_

Organisation: \_\_\_\_\_ Membership Number: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb/town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Partner's Name (If attending the Gala Dinner): \_\_\_\_\_

How did you hear about the ATAA Conference: \_\_\_\_\_

If referred by an ATAA Member please provide their details below

Name: \_\_\_\_\_ ATAA No.: \_\_\_\_\_

## Conference Fees *(All prices are inclusive of GST)*

### (include lunch, morning tea and afternoon tea daily)

ATAA Members	\$699.00
Non-ATAA Members*	\$899.00
Special AIA Members Price**	\$699.00

### Saturday Night Gala Dinner (including drinks)

Conference Attendee	\$95.00
Partner	\$95.00

### TOTAL

\*Non Members who register for the Conference will receive 6 months ATAA membership \*\* AIA members need to send or fax a copy of their membership details with their registration form to qualify for this price.

## Early Bird Special

Be one of the first 60 people to register and you can attend a "Meet The Speaker" workshop. Please place a number 1-4 in order of preference (1 = 1st choice) in the boxes next to the speaker's name. These places will be allocated on a first in, best dressed basis, so we cannot guarantee you will get a place in your preferred workshop.

- Donald Dony       Justine Pollard  
 Prof. Hank Pruden       Dr. Brett Steenbarger

Successful early bird registrations will receive notification of their workshop within 7 days of registration.

## Method of Payment *(No telephone bookings accepted)*

- Payment by credit card       Mastercard       Visa

**Fax to:** 02 9667 0983

**Mail to:** see below

- Cheque

**Made payable to:**  
Australian Technical  
Analysts Association

### Mail to:

ATAA Conference  
PO BOX 3175, Eastlakes  
NSW 2018

Cardholder's Name (Please Print): \_\_\_\_\_

Card Number

Expiry Date \_\_\_\_\_ / \_\_\_\_\_ Signature: \_\_\_\_\_

By signing this form and providing the details above, I hereby authorise the ATAA to debit my credit card for the total amount above. Conference program and details may change without notice.

For Cancellation Policy details see our web site: [www.ataa.com.au](http://www.ataa.com.au)