

registration form

The preferred method of registration is via the internet at
www.ippaworld.org/conference
Otherwise, please complete this form.

International Private Practitioners Association Conference 2005 28 September – 02 October 2005

TAX INVOICE
ABN: 60 007 253 563

Please print in block letters and keep a photocopy for your record. One form per person please.
Note that all prices quoted are in Australian dollars and are inclusive of Goods and Services Tax (GST).
By completing this registration form you have read, and agree to cancellation policies, privacy statement and security requirements as stated on this form.

CONTACT DETAILS

Mr / Ms / Mrs / Miss / Dr / Professor / Other (please specify) _____

Surname _____ First Name _____

Organisation _____ Position _____

Address _____

Town/City _____ Country _____ Zip/Postcode _____

Bus Telephone _____ Bus Fax _____

Cell/Mobile Telephone _____ Home Telephone _____

Email _____

Name of WCPT Member Organisation _____

Please specify your primary role at the Conference:

Delegate Sponsor Exhibitor Speaker Committee

CONFERENCE REGISTRATION

	WCPT Members		WCPT Non Members	
	Early Bird (paid by 08/08/05)	Standard (paid after 08/08/05)	Early Bird (paid by 08/08/05)	Standard (paid after 08/08/05)
	\$750 <input type="checkbox"/>	\$990 <input type="checkbox"/>	\$1210 <input type="checkbox"/>	\$1450 <input type="checkbox"/>
Day Pass - Thursday 29/09	N/A	\$375 <input type="checkbox"/>	N/A	\$495 <input type="checkbox"/>
Day Pass – Friday 30/09	N/A	\$375 <input type="checkbox"/>	N/A	\$495 <input type="checkbox"/>
Day Pass – Saturday 01/10	N/A	\$375 <input type="checkbox"/>	N/A	\$495 <input type="checkbox"/>
Day Pass – Sunday 02/10	N/A	\$375 <input type="checkbox"/>	N/A	\$495 <input type="checkbox"/>

Conference Registration Sub Total A\$ _____

REGISTRATION FEE

* Accompanying Persons Registration	\$340 <input type="checkbox"/>
Day Pass - Thursday 29/09	\$65 <input type="checkbox"/>
Day Pass – Friday 30/09	\$65 <input type="checkbox"/>
Day Pass – Saturday 01/10	\$65 <input type="checkbox"/>
Day Pass – Sunday 02/10	\$65 <input type="checkbox"/>

* The Accompanying Persons fee entitles partners to attend the trade exhibition, Lunch, Morning and Afternoon Teas. It does not entitle partners to the Conference sessions or Conference Dinner. These items require the purchase of tickets.

Preferred Name on Badge _____

Conference Registration Sub Total A\$ _____

GENERAL MEETING

Will you be attending the General Meeting on Wednesday 28th September 2005? Yes No

INCLUSIVE SOCIAL FUNCTION *(included in registration)*

Refer to the Social section at www.ippaworld.org/Conference for full details.

The Welcome Reception is included in the cost of the full Conference registration fee. For catering purposes, please indicate if attending. Additional tickets are available for partners and guests below.

Will you be attending the Welcome Reception, Wednesday 28th September 2005 Yes No

ADDITIONAL SOCIAL TICKETS

The Welcome Reception is inclusive of a Full Registration. If you would like to purchase additional tickets for Partners or Guests to attend at a cost of \$80 per person, please indicate below the number of additional tickets required and the name/s of attendees.

Number of Additional Welcome Reception Tickets (\$80 each): _____ **Sub Total A\$** _____

Name of additional attendee/s: _____

DINNER *not included in registration)*

The Conference Dinner will be held on Saturday 1st October 2005, and is NOT inclusive with Full Registration. If you would like to purchase tickets for the Conference Dinner for yourself, partners and guests at a cost of \$125 per person, please indicate the number of tickets required:

Number of Conference Dinner tickets (\$125 each) Name of additional attendee/s: _____

Special Dietary Requirements of delegate: _____

Special Dietary Requirements of attendee/s: _____

Conference Registration Sub Total A\$ _____

PAYMENT SUMMARY

Please transfer all sub totals from the sections above and check your calculations carefully.

Conference Registration AUD\$ _____
Additional Social Tickets AUD\$ _____
Conference Dinner Tickets AUD\$ _____
Accommodation AUD\$ _____ (no GST)
TOTAL PAYMENT AUD\$ _____

METHOD OF PAYMENT

Cheque Bank Draft

(Cheques/bank drafts payable in AUD\$) to IPPA 2005.

Bankcard MasterCard Visa American Express Diners

Cardholder's Name _____ Expiry Date _____

Card No _____ Signature _____

If paying by credit card, registrations can be made by facsimile or via the website.

All COSTS in this brochure are in Australian dollars (AUD\$) and include 10% Goods and Services Tax (GST).

Cancellation Statement

Cancellations received in writing at the Conference Office by 24 August 2005 will be accepted and all fees refunded less an AUD\$100 administrative fee. Cancellations received after this date cannot be accepted and will not be refunded, however 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 to the Conference Office prior to the Conference. No refunds will be made for non-attendance at the Conference.

Privacy Statement

I would NOT like my contact details to be listed

International Private Practitioners Association Conference 2005 is bound by, and committed to supporting, the National Privacy Principles (NPPs) set out in the Privacy Amendment (Private Sector) Act 2000.

International Private Practitioners Association Conference 2005 will collect and store information you provide in this Registration Form for the purposes of enabling us to register your attendance at the Conference, to assist with administrative and planning purposes and for future planning and development of International Private Practitioners Association Conference 2005 conferences and other events, to facilitate your requirements in relation to the Conference and to allow the compilation and analysis of statistics.

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 International Private Practitioners Association Conference 2005 to offer, provide and continue to improve its conferences and other services.

International Private Practitioners Association Conference 2005 may disclose some of the information that is collected in the Registration Form such as your name, organisation and its location and your email address to other Conference delegates and (unless you object in writing to us) to conference sponsors and exhibitors for marketing purposes.

International Private Practitioners Association Conference 2005 will not otherwise, without your consent, use or disclose your personal information for any purpose unless it would reasonably be expected that such purpose is related to the offer, provision and improvement of Australian Physiotherapy Association Conference or where such purpose is permitted or required by law.

Please complete and return this form to:

Conference Office
The Meeting Planners Pty Ltd
91-97 Islington Street
Collingwood VIC 3066
AUSTRALIA

If you require additional information contact:

Website: www.ippaworld.org/conference
Ph: +61 3 9417 0888
Fax: +61 3 9417 0899
Email: ippa2005@meetingplanners.com.au