

REGISTRATION FORM



THIS REGISTRATION FORM BECOMES A TAX INVOICE FOR GST ON COMPLETION AND PAYMENT

A separate Tax invoice will not be issued. Please keep a copy for your records.

PERSONAL DETAILS

One registration form is required for each delegate registration. This also applies to Group Registrations (5 or more attending from same company). All Group Registration members will need to complete individual Registration Forms and fax them together, with payment. Photocopy form if necessary.

Please tick which city/cities you are attending. Perth Gold Coast

Title: _____ Surname: _____

First Name: _____

Preferred name for Name Badge: _____

AUSOUG Member No.: _____ OAUG Member No.: _____

You must specify (tick) which User Group you are a member of. Otherwise you will be charged at the Non-Member rate. Contact the Secretariat if you do not know your number.

Organisation: _____

Position: _____

Address: _____

City: _____ State: _____ Postcode: _____

Country: _____

Telephone: _____ Facsimile: _____

Email: _____

Please be advised that confirmations of registrations will be via email.

PLEASE IDENTIFY YOUR JOB TYPE

Developer DBA Applications User Siebel Hyperion

Other _____

SPECIAL REQUIREMENTS

Please advise of any special requirements eg., Dietary, medical, need wheelchair access, etc: _____

The information you have provided in the Registration Form will be used by AUSOUG/OAUG only for the purpose of obtaining Conference Registration details. Information will not be disclosed to any 3rd party.

REGISTRATION FEES

Registrations will not be confirmed until payment is received. All accepted Speakers MUST register to attend the Conference after they have been accepted. All registration fees include GST. The Non-Member fee includes 12 months Individual Membership of AUSOUG. Other Membership options can be obtained from the AUSOUG Secretariat.

Full Registration (two days)

	Standard From 6/9/08	Speaker
Member	\$775.00 <input type="checkbox"/>	\$Inc <input type="checkbox"/>
Non-Member	\$925.00 <input type="checkbox"/>	\$Inc <input type="checkbox"/>
Group	\$745.00 <input type="checkbox"/>	
Group Non-Member	\$895.00 <input type="checkbox"/>	
Student	\$310.00 <input type="checkbox"/>	
Student Non-Member	\$460.00 <input type="checkbox"/>	

Total Full Registration (including 10% GST): \$ _____

Day Registration

	Day One	Day Two
Member	\$465.00 <input type="checkbox"/>	\$465.00 <input type="checkbox"/>
Non-Member	\$615.00 <input type="checkbox"/>	\$615.00 <input type="checkbox"/>
Student	\$185.00 <input type="checkbox"/>	\$185.00 <input type="checkbox"/>
Student Non-Member	\$335.00 <input type="checkbox"/>	\$335.00 <input type="checkbox"/>

Total Day Registration (including 10% GST): \$ _____

INCLUSIVE SOCIAL FUNCTION FOR FULL REGISTRATION

yes I will be attending the Welcome Reception

OPTIONAL EXTRAS (includes GST)

I require _____ registration to Workshop 1 Perth 8 Oct at **\$450.00** each

I require _____ registration to Workshop 2 Perth 8 Oct at **\$450.00** each

I require _____ registration to Workshop 1 Gold Coast 15 Oct at **\$450.00** each

I require _____ registration to Workshop 2 Gold Coast 15 Oct at **\$450.00** each

I require _____ additional tickets to the Welcome Reception **\$45.00** each.

This also applies if you are a Day or Student delegate wishing to attend, as this is not included in your registration fee. Or if you wish to purchase additional tickets.

I require _____ tickets to the Conference Dinner (Gold Coast only) **\$75.00** each

Optional Extras Subtotal (including 10% GST): \$ _____

PAYMENT includes 10% GST

Registration total \$ _____

Optional Extras total \$ _____

Total Amount due \$ _____

PAYMENT OPTIONS

Please note that faxed registration forms are acceptable only if payment is by credit card. Posted registration forms should be accompanied by cheques or credit card details. Registrations will not be confirmed until payment is received.

Enclosed is a cheque/money order for AUD\$ _____ made out to AUSOUG (ABN 72 269 569 612) and drawn on an Australian bank.

or

Please debit my card listed below for \$ _____

Visa MasterCard AMEX (ID# _____)

Card Number: _____

Expiry Date: _____ / _____

Cardholder's Name (please print): _____

Signature: _____ Date: _____

or

EFT. To pay by EFT please contact the Conference Secretariat to obtain bank account details and a deposit reference to identify your payment.

TO REGISTER

Please complete this form with payment included and return to:

Conference Secretariat

AUSOUG (ABN 72 269 569 612)

PO Box 16 WILSTON QLD 4051 Australia

Telephone: +61 (0) 7 3352 3250 Facsimile: +61 (0) 7 3856 0850 Email: registrar@ausoug.org.au Website: www.ausoug.org.au/2020

By registering you accept all the conditions as outlined at www.ausoug.org.au/2020