



## Conference Registration

ACIS 2012

3 – 5 December 2012

Deakin University, Geelong Waterfront Campus

### Personal Details

Title	
First Name	
Family Name	
Badge Name (only if different from above)	

**Disclosure:** In accordance with normal conference practice, your name, affiliation and contact details may be made available to delegates in the form of an attendance list. Please contact the conference organisers if this presents a problem.

### Contact Details

Job Title		
Division		
Organisation		
Address Line 1		
Address Line 2		
Suburb/City		
State		Postal Code:
Country		
Business Phones	Voice:	Fax:
Home Phones	Voice:	Fax:
Mobile		
Email		

## Requirements

Correspondence by	<input type="checkbox"/> Mail	<input type="checkbox"/> Fax	<input type="checkbox"/> E-Mail
Specific Dietary Needs			
Specific Access or Other Needs			

I heard about the event through	<input type="checkbox"/> Circular in Journal	<input type="checkbox"/> My Professional Organisation	<input type="checkbox"/> Word Of Mouth
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## Registration Information

ABN 56 721 584 203

*Prices are GST inclusive.*

<b>Conference registration</b>	<b>Early Bird – closes on 31<sup>st</sup> October 2012</b> <input type="checkbox"/> Full registration - \$670.00 <input type="checkbox"/> Student registration* - \$520.00 *Student registration does not include the Welcome Cocktail Event or Conference Dinner*	\$ _____
	<b>Standard – from 1<sup>st</sup> September 2012</b> <input type="checkbox"/> Full registration - \$770.00 <input type="checkbox"/> Student registration* - \$610.00 *Student registration does not include the Welcome Cocktail Event or Conference Dinner*	
<b>Registration Fee Subtotal</b>		\$ _____
<b>Additional tickets for social functions</b>	Welcome Cocktail Event _____ Number of Additional Tickets (\$50.00) (The Welcome Cocktail Event is included in full registration)	\$ _____
	Conference Dinner _____ Number of Tickets (\$100.00) (Conference dinner is included in full registration)	
<b>Social Function Subtotal</b>		\$ _____



## Payment Form

Name:

Company:

Telephone:

### Credit Card payment

Mastercard  Visa

Card Number:

Expiry Date:   /

Signature:

Name on Card:

Authorised Amount: \$

*(includes 10% Australian Goods and Services Tax)*

### Please send, fax or email remittance advice to:

Contact: Deakin Event Management Services

Address: Deakin Event Management Services  
Deakin University  
Geelong Waterfront Campus  
Geelong VIC 3217  
Australia

Fax: +61 3 9246 8079

Email [luke.obrien@deakin.edu.au](mailto:luke.obrien@deakin.edu.au)