



# ACCE 2018

ROYAL RANDWICK RACECOURSE  
2-5 OCTOBER 2018

## REGISTRATION FORM

TAX INVOICE/RECEIPT ABN: 55 055 668 963

Please return this completed form to the Conference Organiser via email at [registration@acce2018.com.au](mailto:registration@acce2018.com.au) or fax to +61 2 9368 1500. Alternatively, you can register online at [www.acce2018.com.au](http://www.acce2018.com.au).

### PERSONAL DETAILS

<b>Title:</b>	<b>First Name:</b>	<b>Surname:</b>
<b>Organisation:</b>	<b>Position:</b>	
<b>Address:</b>	<b>City / Suburb:</b>	
<b>State:</b>	<b>Postcode:</b>	<b>Country:</b>
<b>Contact Number:</b>	<b>Email Address:</b>	

Please provide your teacher accreditation number below (mandatory). This will appear on your tax invoice.

**Accreditation Number** \_\_\_\_\_

### DIETARY AND SPECIAL REQUIREMENTS

Please inform us of any dietary requirements (e.g. vegetarian, halal, gluten free), or special requirements (e.g. wheel chair access, vision impaired, hearing loop), you may have.

**Dietary Requirements** \_\_\_\_\_

**Special Requirements** \_\_\_\_\_

### DELEGATE LIST CONSENT

Your name, organisation and state/country will be incorporated into a delegate list and may be made available to parties directly related to the conference, including partners and exhibitors.

- Please **do not** include my details in the delegate list
- Please include my details in the delegate list

### CONFERENCE ATTENDANCE

Please indicate if this is your first time attending an ACCE conference.

- Yes, I am a first time attendee



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## HOW DID YOU HEAR ABOUT ACCE 2018?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Conference Newsletter<br><i>(please specify)</i>       | <input type="checkbox"/> Industry Colleagues                    | <input type="checkbox"/> Industry Publication<br><i>(please specify)</i> |
| <input type="checkbox"/> Internet Search  | <input type="checkbox"/> Previous Attendee / Presenter          | <input type="checkbox"/> Previous Partner or Exhibitor                   |
| <input type="checkbox"/> Related Conferences / Event<br><i>(please specify)</i> | <input type="checkbox"/> Other <i>(please specify)</i><br>_____ |  |

## CONFERENCE REGISTRATION

Conference registrations are available until **Tuesday, 18 September 2018**. After this date, a \$50.00 late fee will be applied to all unpaid and new registrations.

### EARLY BIRD REGISTRATIONS *(until Thursday, 26 July 2018)*

- |   |          |
|---|----------|
| <input type="checkbox"/> Full registration member                 | \$730.00 |
| <input type="checkbox"/> Full registration non-member             | \$825.00 |
| <input type="checkbox"/> Full registration student                | \$415.00 |
| <input type="checkbox"/> Full registration Committee/ / Executive | \$730.00 |

### STANDARD REGISTRATIONS *(until Tuesday, 18 September 2018)*

- |   |          |
|---|----------|
| <input type="checkbox"/> Full registration member     | \$835.00 |
| <input type="checkbox"/> Full registration non-member | \$930.00 |
| <input type="checkbox"/> Full registration student    | \$415.00 |

### DAY REGISTRATION

- |   |          |
|---|----------|
| <input type="checkbox"/> Wednesday registration | \$415.00 |
| <input type="checkbox"/> Thursday registration  | \$415.00 |

If you have selected a member registration type, please specify below the association you are a member of and your membership number.

**Association**

\_\_\_\_\_

**Membership Number**

\_\_\_\_\_



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## SOCIAL FUNCTIONS

A ticket to attend the Welcome Reception is included with full registrations but you will need to validate it by indicating if you are intending to use it.

Additional tickets can also be purchased for day registrants or accompanying guests.

## WELCOME RECEPTION

**Date:** Tuesday, 2 October 2018

**Time:** 5:00pm - 7:00pm

Yes, I wish to utilise my inclusive ticket

I would like to purchase the following number of additional tickets: # \_\_\_\_\_ @ \$90.00 each

## GALA DINNER

**Date:** Wednesday, 3 October 2018

**Time:** 6:30pm – 10:30pm

I would like to purchase the following number of tickets: # \_\_\_\_\_ @ \$130.00 each

## PRE-CONFERENCE WORKSHOP

**Date:** Tuesday, 2 October 2018

### Full-Day Workshop: 9:00am - 4:00pm

- |   |          |
|---|----------|
| <input type="checkbox"/> Australian Computing Academy: Digital Technologies | \$280.00 |
| <input type="checkbox"/> Microsoft Workshop                                 | \$280.00 |

### Half-Day Workshop: 9:00am - 12:00pm

- |  |          |
|--|----------|
| <input type="checkbox"/> Dr Kristy Goodwin: General Public, Parents and Teachers | \$190.00 |
|--|----------|

### Half-Day Workshop: 1:00pm - 4:00pm

- |  |          |
|--|----------|
| <input type="checkbox"/> Judith Bell: Computational Thinking and Music Education     | \$190.00 |
| <input type="checkbox"/> Professor Tim Bell: Computer Science... Without Computers?! | \$190.00 |

## POST-CONFERENCE MASTERCLASS

**Date:** Friday, 5 October 2018

### Full-Day Masterclass: 9:00am - 3:00pm

- |   |          |
|---|----------|
| <input type="checkbox"/> Adobe Masterclass                                      | \$280.00 |
| <input type="checkbox"/> Australian Computing Academy: Computer Science Project | \$280.00 |
| <input type="checkbox"/> Karen Binns: RoboCupJunior Workshop                    | \$280.00 |



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## REGISTRATION PAYMENT SUMMARY

Conference Registration	\$
Social Function Tickets	\$
Pre-Conference Workshop / Post-Conference Masterclass	\$
Manual Processing Fee	\$ 20.00
Late Registration Fee ( <i>after Tuesday, 18 September 2018</i> )	\$ 50.00
<b>TOTAL</b>	<b>\$</b>

## PAYMENT OPTIONS

### **Cheque**

Please send a cheque made payable to 'ACCE 2018' with a completed registration form. Please mail to:

#### **ACCE 2018 Conference Organiser**

c/- International conferences & Events (ICE) Pty Ltd  
183 Albion Street, Surry Hills NSW 2010, Australia

### **Electronic Funds Transfer**

Please include your invoice number as reference and provide a copy of the remittance to [registration@acce2018.com.au](mailto:registration@acce2018.com.au).

**Bank:** National Australia Bank

**Account Name:** ACCE 2018

**BSB:** 082-128

**Account Number:** 64-381-5609

**SWIFT Code:** NATAAU3303M

### **Credit Card**

Please debit my credit card with the amount owing on this form as per the details below:

**Card Type:**  MasterCard  Visa  American Express

**Card Number:**

**Expiry Date:**

**Cardholder Name:**

**CVV Code:**

**Cardholder Signature:**

Debits to your credit card will appear on your statement as **International Conferences & Events (ICE) P/L**