

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 or fax to +61 2 9368 1500. Alternatively, you can register online at www.acce2018.com.au.

PERSONAL DETAILS				
Title:	First Name:	Surname:		
Organisation:		Position:		
Address:		City / Suburb:		
State:	Postcode:	Country:		
Contact Number:	Email Address:			
Please provide your teacher accreditation number below (mandatory). This will appear on your tax invoice.				
Accreditation Number	-			
DIETARY AND SPECIA	AL 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 CONS	SENT			
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 ATTEN	DANCE			
Please indicate if this is your first time attending an ACCE conference.				
☐ Yes, I am a first time a	ttendee			



HOW DID YOU HEAR ABOUT A	ACCE 2018?	
☐ Conference Newsletter	☐ Industry Colleagues	\square Industry Publication
(please specify)		(please specify)
☐ Internet Search ☐ Previous Attendee / Pres		☐ Previous Partner or Exhibitor
☐ Related Conferences / Event	□ Other (please specify)	
(please specify)		
CONFERENCE REGISTRATION		
SPECIAL REGISTRATION		
☐ Full registration member		\$730.00
☐ Full registration non-member		\$825.00
☐ Full registration student		\$415.00
\square Full registration presenter		\$680.00
\square Full registration Committee / Exec	\$730.00	
DAY REGISTRATION		
☐ Wednesday registration	\$415.00	
□ Thursday registration		\$415.00
If you have selected a member reg and your membership number.	sistration type, please specify below	the association you are a member of
Association		
Membership Number		



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	
 □ Delegate ticket @ \$130.00 □ Guest ticket @ no cost I would like to purchase the following number of additional tickets: 	# @ \$65.00 each
PRE-CONFERENCE WORKSHOP	
Date: Tuesday, 2 October 2018	
Half-Day Workshop: 1:00pm - 4:00pm ☐ Professor Tim Bell: Computer Science Without Computers?!	\$140.00
POST-CONFERENCE MASTERCLASS	
POST-CONFERENCE MASTERCLASS Date: Friday, 5 October 2018	
	\$140.00
Date: Friday, 5 October 2018 Full-Day Masterclass: 9:00am - 3:00pm	\$140.00
Date: Friday, 5 October 2018 Full-Day Masterclass: 9:00am - 3:00pm ☐ Adobe Masterclass	\$140.00 \$
Date: Friday, 5 October 2018 Full-Day Masterclass: 9:00am - 3:00pm ☐ Adobe Masterclass REGISTRATION PAYMENT SUMMARY	
Date: Friday, 5 October 2018 Full-Day Masterclass: 9:00am - 3:00pm ☐ Adobe Masterclass REGISTRATION PAYMENT SUMMARY Conference Registration	\$
Date: Friday, 5 October 2018 Full-Day Masterclass: 9:00am - 3:00pm ☐ Adobe Masterclass REGISTRATION PAYMENT SUMMARY Conference Registration Social Function Tickets	\$
Date: Friday, 5 October 2018 Full-Day Masterclass: 9:00am - 3:00pm ☐ Adobe Masterclass REGISTRATION PAYMENT SUMMARY Conference Registration Social Function Tickets Pre-Conference Workshop / Post-Conference Masterclass	\$ \$ \$



PAYMENT OPTIONS

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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.

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 Numbe	er:			Expiry Date:
Cardholder I	Name:			CVV Code:
Cardholder S	Signature:			

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