

Safety2007 Conference

25-26 September, 2007 • Sheraton Perth Hotel, Western Australia

DELEGATE REGISTRATION

Please complete this form and remit together with your payment to the address at the bottom of the page. A separate form must be completed for each delegate (Photocopies are acceptable).

Registrations will not be processed without full payment.



» IFAP Safety07

PRACTICAL WORKPLACE SOLUTIONS

CONTACT INFORMATION

Title / First Name:	Surname:
Job Title:	
Organisation:	
Address:	
City / State / Postcode:	Country:
Telephone:	Facsimile:
Email:	

ABN 85 056 581 072

A TAX INVOICE WILL BE POSTED TO YOUR ADDRESS

CONFERENCE REGISTRATION

- | | |
|--|---|
| <input type="checkbox"/> Early Bird Registration (applicable until 20 July, 2007) | \$715.00 (inclusive of \$65 GST) |
| <input type="checkbox"/> Standard IFAP Member Registration (applicable after 20 July, 2007) | \$770.00 (inclusive of \$70 GST) |
| <input type="checkbox"/> Standard IFAP Non-Member Registration (applicable after 20 July, 2007) | \$880.00 (inclusive of \$80 GST) |
| <input type="checkbox"/> ASSE WA Chapter Breakfast (Wednesday 26 September 2007 – Goldsworthy Room, Sheraton Perth Hotel) | \$ 35.00 (inclusive of \$3.18 GST) |
| <input type="checkbox"/> Skilled Gala Dinner (Wednesday 26 September - Kings Park Function Centre) | \$ 99.00 (inclusive of \$9 GST) |

Registration includes attendance to the presentations and exhibition area, lunches and tea breaks each day and attendance at the Conference Cocktail Function and IFAP/CGU Safe Way Awards Presentations which is being held on Tuesday 25 September at the Sheraton Perth Hotel. Each delegate also receives a conference satchel.

PAYMENT OPTIONS

Payment must be received within seven (7) days of verbal reservation. Please return this application to PO Box 1153, Subiaco, Western Australia 6904 or alternatively fax to +61 8 9381 9222. If paying by cheque, please make cheque payable to Vertical Events.

*Please note a 4% surcharge will be added to all American Express and Diners charges

- Visa Card
 Master Card
 Bankcard
 American Express*
 Diners Card*

Card Number:	
Card Expiry Date:	Total to be paid:
Cardholder Name:	
Cardholder Signature:	

AUTHORISATION

Name:	
Position:	Signature:

CANCELLATION POLICY

All cancellations must be made in writing to Vertical Events. No refunds will be made after Wednesday 12 September, 2007. All refunds prior to 12 September, 2007 will incur an administration charge.

**VERTICAL EVENTS** ABN: 85 056 581 072

PO Box 1153, Subiaco WA 6904 • Suite 15, 186 Hay Street, Subiaco WA 6008

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