

REGISTRATION FORM

**Third International Conference on Therapeutic Jurisprudence
Perth, Western Australia
7-9 June 2006- Perth Convention Exhibition Centre**

A TAX INVOICE will be issued upon receipt of your registration payment and this is to be given to your accounts department. Please keep a copy of this registration form for your GST records. The ABN is 13 063 150 739

Should you require the Tax Invoice to be sent to a different party, please advise in writing the name of that party at the time of submitting this registration enrolment form. Reprints of the Tax Invoice will be subject to a \$20 administration fee.

Confirmation of your registration will be sent to you by mail and should be received within 14 days from receipt of your registration payment.

1. PERSONAL INFORMATION

Title (Justice /Judge; Mr/Mrs Ms, Other).....

Surname..... First Name.....

Name as it should appear on the Name Badge.....

Company

Employment Position.....

Mailing Address.....

..... Post Code.....

Telephone (.....)..... Fax (.....).....

Email.....

Name of Accompanying Person (non-delegate).....

PRIVACY ACT

The Privacy Act 2001 provides that, before your name and address details can be published in the list of conference delegates for distribution to fellow delegates or any other party, you must give your consent.

Do you agree to have your name, organisation and state or country included in the published list of delegates? YES NO

Signature required.....

2. REGISTRATION FEES (GST inclusive)

	Early Bird before 1 April 2006	Full Registration after 1 April 2006
Full Conference rate	\$AUD600.00	\$AUD700.00
Daily Conference rate*	\$AUD200.00	\$AUD300.00

*Please nominate day attending Wed 7th Thu 8th Fri 9th

SUB TOTAL - REGISTRATION FEES \$.....

3. ACCOMMODATION

If we can assist you with a hotel reservation, please indicate in order of preference which hotel and room type you require.

Rate per room per night

Emerald Hotel \$130.00 single twin double

Parmelia Hilton \$235.00 single twin double

Mounts Bay Waters Apartment Hotel \$160.00 1 Bdrm Apartment \$215.00 2 Bdrm 2 Bathrm

Medina Apartments \$177.00 Deluxe Studio Rm \$200.00 Deluxe 1 Rm Apartments

I have made arrangements to twin share with.....

Smoking [] Non-smoking []

CHECK IN DATE June / 2006 CHECK OUT DATE June / 2006

SUB TOTAL - ACCOMMODATION DEPOSIT \$.....

- Room rates include the Federal Government 10% Goods & Services Tax
- A Tax Invoice will be issued by the hotel upon check-out
- Accommodation cannot be booked unless at least one night's tariff is received – or you may guarantee your reservation by credit card as stated above

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4. TRAVEL

Please advise your travel details:

Arrive in Perth Date..... Time..... Airline & Flight.....
 Depart from Perth Date..... Time..... Airline & Flight.....

5. SOCIAL PROGRAM *Failure to indicate (✓) will be registered as non attendance*

	Delegate Please ✓ if attending	Others Please ✓ if attending	Total no Total attending	\$AUD
Conference Reception	<input type="checkbox"/> AUD \$25.00	<input type="checkbox"/> AUD \$25.00\$.....	
Conference Dinner	<input type="checkbox"/> AUD \$100.00	<input type="checkbox"/> AUD \$100.00\$.....	
SUB TOTAL – SOCIAL PROGRAM				\$.....

6. SPECIAL REQUIREMENTS

I have the following special requirements (diet/allergies).....
 or Medical/Wheelchair.....

7. PAYMENT SUMMARY

	Registration Fees	\$.....
	Accommodation Deposit	\$.....
(if paying by cheque)	Social Program	\$.....
	TOTAL	\$.....

Option A PLEASE CHARGE MY CREDIT CARD (Please tick appropriate box/s)

Your credit card statement will show "Congress West" as the merchant.

Please debit my: Visa MasterCard Amex

Card Number: _____

Expiry Date: _____ Amount \$AUD: _____

Cardholder's Name: _____

Cardholder's signature _____

Card SECURITY NUMBER _____

Option B I ENCLOSE A CHEQUE OR BANK DRAFT

Please make cheques payable to "AIJA"

And mail to
 C/- Congress West
 PO Box 1248, West Perth WA 6872
 Ph: (+61 8) 9322 6662 or 9322 6906 Fax: (+61 8) 9322 1734.
 Email: AIJA@congresswest.com.au

Overseas Delegates – If paying by cheque please pay by Bank Draft in Australian Dollars

OFFICE USE ONLY

Date..... Cheque No..... Amount.....

Bank..... Branch.....

Drawer.....