

REGISTRATION FORM

Please forward to: ANZTLA WA Chapter, c/- Trinity Theological College, PO Box 115, Leederville, 6902 OR fax to +61 892283862 OR email to library@ttc.wa.edu.au



PERSONAL DETAILS

CLOSING DATE FOR REGISTRATIONS: May 31, 2010

Name: _____

Female Male

Library: _____

Institution: _____

Address: _____

State/Country: _____ Postcode: _____

Phone: _____ Fax: _____

Email: _____

I do not wish to be included in the list of delegates

CONFERENCE CHARGES (includes GST)

Full Registration:

(includes accommodation, registration, library visits, Conference Dinner and all meals from Thursday after lunch to Sunday after lunch)

\$450

OR

Registration :

\$ 80

Conference Dinner (Partners welcome):

\$ 75

Non-residential meals:

| | | | | | |
|----------|--|--|---|-------|----------|
| Thursday | | | Dinner \$15.50 <input type="checkbox"/> | Total | \$ _____ |
| Friday | Breakfast \$11.50 <input type="checkbox"/> | Lunch \$13.50 <input type="checkbox"/> | Dinner \$15.50 <input type="checkbox"/> | Total | \$ _____ |
| Saturday | Breakfast \$11.50 <input type="checkbox"/> | Lunch \$13.50 <input type="checkbox"/> | | Total | \$ _____ |
| Sunday | Breakfast \$11.50 <input type="checkbox"/> | Lunch \$13.50 <input type="checkbox"/> | | Total | \$ _____ |

Internet access (laptop or use of St Catherine's facilities):

\$ 11

TOTAL PAYMENT

\$ _____

PAYMENT OPTIONS

Cheque payable to ANZTLA WA Chapter OR Direct payment at any ANZ Bank Branch - ANZTLA WA Chapter BSB # 016-355 Account # 9024-83937 Please attach a copy of your deposit slip.

PARTNERS

My partner will be accompanying me

A member of the WA Chapter will contact you to discuss arrangements and costs for your partner.

DIETARY REQUIREMENTS

Special Requirements:

Vegetarian:

Gluten free:

Lactose free:

Other dietary needs:

(please specify)
