

CONFERENCE REGISTRATION

PART A

PARTICIPANT DETAILS

Personal Details			
Family Name:			
First Name:			
Title:			
Name to appear on badge:			
Organisation to appear on badge:			
Street Address or Post Office Box:			
City:		State or Province:	
Postal Code or ZIP Code		Country (if not Australia):	
Business Phone:		Home Phone:	
Fax:		Email:	

We would like to distribute your contact information to other conference attendees as a valuable addition to the benefits of this conference. Can we distribute your contact information? (Please choose one)

- ☐ I Do give permission for my contact information to be shared with conference attendees.
- ☐ I Do not give permission for my contact information to be shared with conference attendees.

Special assistance for disability required: ☐ Please contact me

PART B

REGISTRATION FEES

Please note: All prices include GST

Registraton Type	Amount (AUD)	Please tick registration type
Normal Registration	\$550.00	
Earlybird Registration	\$495.00	
Developing Countries	\$264.00	
* Community Group-Not for Profit Group/NGO	\$265.00	
* Student	\$187.00	
Total:		\$

* Full time Students pursuing research in a University in a field related to the conference topics. Assistance may be required in support roles for the conference

ACCOMMODATION

Accommodation at Rydges Oasis Resort Hotel Required:

☐ Yes

☐ No

If Yes, please complete section below:

Note: All prices include GST	per night	no of nights	Total
Single - Hotel	\$ 119.00		
Twin Share - Hotel	\$ 69.00		
Three Share - 2 Bedroom Villa	\$ 66.00		
Four Share - 3 Bedroom Villa	\$ 72.00		
Five Share - 3 Bedroom Villa	\$ 50.40		
			Total: \$

TOTAL COST:

Registration Fee	\$
Accommodation:	\$
Total Payment Due:	\$

PART C

PAYMENT DETAILS

This form (Parts A, B and C) is a tax invoice for GST purposes when completed.

Please indicate the method of payment you intend using:

☐ Cash

☐ Cheque or Money Order

☐ Credit Card

Note: Cheques/Money Orders to be made payable to Central Queensland University

Please debit my credit card as payment for ITiRA 2003 Conference:

Credit Card details:

Type of Credit Card:

Card No:

(Bankcard,

Mastercard, Visa etc)

Expiry Date:

Amount:

(AUD)

Card Holders' Name:

Signature:

TO AVOID DELAYS IN PROCESSING YOUR REGISTRATION, PLEASE ENSURE ALL SECTIONS ARE COMPLETED.

Please forward to:

Mail: Faculty of Informatics & Communication, Central Queensland University, Bldg 351,
Rockhampton Australia, 4700

Fax: + 61 7 4923 2622

Email: enquiries-itira2003@cqu.edu.au

Office Use Only:

Payment Received:		Receipt No:	
Amt Received:	\$	Payment Method:	Credit Card / Cheque / Cash
Payment Processed:		Receipt Posted:	
Special Requirements:	Yes / No	Author:	Yes / No