



Registration Form / Tax Invoice – TCI-TPRS Conference 2017

ABN: 11 338 967 805

This form becomes a tax invoice on payment. All costs are inclusive of GST.

CONTACT DETAILS Please complete this form

| | | |
|--------------------|---------------------|--------------------|
| Title: | Family name: | Given name: |
| School: | | |
| Work Phone: | Mobile: | |
| Email: | | |

Attendance: Please mark which days you will attend. Note that subject matter in Days 2 and 3 requires understanding of the foundational information presented on Day 1, and Day 3 presumes knowledge of Day 1 and Day 2 information.

Day 1 (All lang) - 14th Jan Day 2 (All lang) – 15th Jan Day 3 (Chinese specific)– 16th Jan

FEES – Earlybird rates to 18th November, 2016; Regular rates from 19th November, 2016

| MLTAQ Member or relevant state MLTA member | Non-Member |
|---|---|
| Earlybird One Day <input type="checkbox"/> \$120 | Earlybird One Day <input type="checkbox"/> \$200 |
| Earlybird Two Days <input type="checkbox"/> \$240 | Earlybird Two Days <input type="checkbox"/> \$320 |
| Earlybird Three Days <input type="checkbox"/> \$360 | Earlybird Three Days <input type="checkbox"/> \$440 |
| Ordinary One Day <input type="checkbox"/> \$170 | Ordinary One Day <input type="checkbox"/> \$250 |
| Ordinary Two Days <input type="checkbox"/> \$290 | Ordinary Two Days <input type="checkbox"/> \$370 |
| Ordinary Three Days <input type="checkbox"/> \$410 | Ordinary Three Days <input type="checkbox"/> \$490 |

If not an MLTAQ member, please identify which state MLTA you are a member of:

Teaching Language #1 _____ **Year Levels:** P-3 4-6 7-9 10-12 Other

Teaching Language #2 _____ **Year Levels:** P-3 4-6 7-9 10-12 Other

Dietary Considerations

Gluten free Vegetarian Vegan Dairy free Allergies _____

Payment Methods Credit card or direct deposit ONLY

Please indicate method Mastercard Visa Direct Deposit

Credit Card Payment

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|------------------|---|------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Card Number: | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | | | | | | | | | | | | | | |
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| Cardholder name: | | | | | | | | | | | | | | | | | | | | | | |
| Amount paid: | | Expiry date of card: _____ / _____ | | | | | | | | | | | | | | | | | | | | |
| Signature: | | | | | | | | | | | | | | | | | | | | | | |

Direct deposit payment

Account Name – MLTAQ Inc
 BSB – 084-150 Account No – 20 510 1227
 Reference – TCI-2017-SURNAME

NOTE: Email a copy of the transaction report AND THIS FORM to membership@mltaq.asn.au

All forms are to be emailed to membership@mltaq.asn.au

Refunds & Returns Policy

Refund requests must be made in writing. Refunds requested one month or more before the advertised date will receive a full refund. Refunds requested more than two weeks and less than one month beforehand will be subject to a 20% cancellation fee. No refunds will be made if the request is received less than 2 weeks before the advertised date unless there is a fault or it has been wrongly described.