

# ABORIGINAL STUDIES ASSOCIATION ANNUAL CONFERENCE

## REGISTRATION FORM / TAX INVOICE

1<sup>st</sup> – 2<sup>nd</sup> December 2011

THE KOORI CENTRE, UNIVERSITY OF SYDNEY

NAME:	POSITION:
ASA MEMBER NO:	EMAIL:
LOCATION:	POSTAL ADDRESS:
PHONE NO:	FAX NO:
<b>PLEASE SELECT YOUR PREFERRED PLAN</b>	
<b>PLAN A: \$300: MEMBER ACCOMMODATED</b> Single, all meals including Conference Dinner & Pack	<input type="checkbox"/> <b>PLAN B: \$225: MEMBER NOT ACCOMMODATED</b> Lunch, MT &AT, Conference Dinner & Pack
<input type="checkbox"/> <b>PLAN C: \$400: NON-MEMBER ACCOMMODATED</b> Single, all meals including Conference Dinner & Pack	<input type="checkbox"/> <b>PLAN D: \$325: NON-MEMBER NOT ACCOMMODATED</b> Lunch, MT &AT & Pack
<input type="checkbox"/> <b>PLAN E: \$175: DAY RATE</b> Thursday <b>OR</b> Friday ( <b>PLEASE CIRCLE</b> ) Lunch, MT &AT & Pack	<input type="checkbox"/> <b>PLAN F: \$120: CONCESSION 2 DAYS</b> Lunch, MT &AT & Pack
<b>CONFERENCE DINNER: \$60:</b> Payment required for Plan C,D,E,F	<input type="checkbox"/>
<b>SPECIAL DIETARY REQUIREMENTS:</b>	
<b>Please note that all payments should be made to through the NSW AECG (ABN: 29 271 072 930) and INCLUDE GST</b>	
<b>Payment Method: EFT</b> National Australia Bank BSB: 082 387 Account Number: 517687052 Account Name: NSW AECG Reference: ASA.C and full name or member number.	<b>Payment Method: CHEQUE</b> Please make payable to: NSW AECG Mail to: ASA Conference c/- NSW AECG 37 Cavendish St, Stanmore NSW 2048
Please make sure you fax this form to <b>ASA Conference – NSW AECG</b> on <b>02 95503361</b> so that your details can be added to the Conference Participant List	
<b>The ABORIGINAL STUDIES ASSOCIATION greatly appreciates the generous support of the UNIVERSITY OF SYDNEY, the NSW ABORIGINAL EDUCATION CONSULTATIVE GROUP, and the NSW DET ABORIGINAL EDUCATION &amp; TRAINING DIRECTORATE.</b>	