

AUTISM ASSOCIATION ACT
&
THE AUTISM COUNCIL OF AUSTRALIA
Use this form to register to attend the conference or workshops.

Biennial Australian Autism Conference

Autism Spectrum: Pathways To Understanding

Rydges Lakeside, Canberra

Friday, 1 October - Sunday, 3 October, 2004

Workshops; 30 September, 2004

Registration Form

BOOK EARLY – PLACES ARE LIMITED

Registration Fee [All prices include GST]

- ✓ **Member Autism ACT:** \$425 for conference, 1 - 3 October, inclusive; [\$100 deposit; balance by 16 August, 2004]
- ✓ **Family / Person who has an ASD** - \$455 for conference, 1 - 3 October, inclusive; [\$100 deposit; balance by 16 August, 2004]
- ✓ **Early Bird:** \$475 for conference, 1- 3 October, inclusive. [Must be paid in full at time of lodging this registration form and on or before 31 May 2004]
- ✓ **Standard Registration:** \$595 for conference, 1- 3 October, inclusive
- ✓ **Deposit:** [conference only, no deposits for “Early Bird” or Workshops]: \$100 each registration
- ✓ **Daily rate:** [Member Autism ACT and non-members]: \$200
- ✓ **Workshops:** \$220 for the day. [Must be paid in full at time of registration]
- ✓ **Please see refunds policy, and conditions, below.**

1. Your details

Your name

[Mr, Mrs Ms, Rev. Dr, Professor, Other] ____

First name: _____

Last name: _____

Please attach additional sheet if needed.

Contact details



2. Conference Registration

I wish to register for the Biennial Australian Autism conference 2004, as follows.

Registration includes: attendance at all conference papers and presentations, morning, afternoon tea, lunch, conference documentation and welcome cocktails on evening 30 September.

Member - Autism ACT

75 places reserved for Autism ACT members, first come first served. Conference registration deposit: \$100 returned with this form. Balance by COB 16 August, 2004.

1 - 3 October 1 October 2 October 3 October

Family / Person who has ASD

Conference registration deposit: \$100 returned with this form. Balance by COB 16 August, 2004.

1 - 3 October 1 October 2 October 3 October

Early Bird

Payment must accompany this form and must be completed by COB 31 May; if full payment is received after 31 May, then standard registration applies.

1 - 3 October 1 October 2 October 3 October

Standard Registration

Deposit of \$100 returned with this form. Balance by COB 16 August, 2004.

1 - 3 October 1 October 2 October 3 October

3. Workshop Registration

I wish to register the following workshop to be held on 30 September, 2004.

Cost for each workshop: \$220. No half day registrations.

Registration includes: attendance at the workshop of your choice, morning, afternoon tea, lunch, and documentation.

Indicate which workshop you wish to attend:

Workshop 1: Dr Jeanie McAfee [Whole day]

OR

Workshop 2: Professor Christopher Gillberg [Morning] and Dr Isabelle Hénault [Afternoon]

4. Cost Calculation

	Event	Amount	Write in amount and total
<input type="checkbox"/>	Member - Autism ACT	\$425	
<input type="checkbox"/>	Family / Person who has ASD	\$455	
<input type="checkbox"/>	Early Bird [Payment in full on or before COB 31 May, 2004]	\$475	
<input type="checkbox"/>	Standard Conference Registration	\$595	
<input type="checkbox"/>	1 day only (tick date in part 2, above)	\$200	
<input type="checkbox"/>	2 days only (tick dates in part 2 above)	\$400	
<input type="checkbox"/>	Deposit for conference	\$100	
<input type="checkbox"/>	Workshop 1 or 2 NB: Payment in full with this form	\$220	
		<hr/>	
		Total:	

5. Payment

I wish to pay [tick as appropriate]:

- conference in full [any class]
- conference deposit [\$100]
- for a workshop
- one day of the conference
- two days of the conference

Cheques should be made payable to:

Koomarri Association

[Registration is not confirmed until cheque is cleared]

I wish to pay by

- Cheque / Postal Order
- Credit Card

[Please do NOT send cash]

Please nominate your credit card type:

Visa Bankcard Mastercard

Number: _____

Expiry Date : ___ / ___

Card Holder Name : _____

6. Payment authorisation

- I authorize Koomarri, the administrators for the Biennial Australian Autism Conference 2004, to debit my credit card, details provided above, the sum of: \$ _____ being payment for the services in connection with the Biennial Australian Autism Conference detailed above.
- I authorize Koomarri to debit my credit card, details provided above, the balance of any fees owing [if any] being payment for the services in connection with the Biennial Australian Autism Conference detailed above, on 17 August, 2004.

Signed:

7. Special requirements

Diet:

Access:

8. Accommodation

Bookings should be made directly with the accommodation venue or through the conference travel agent: Travelscene, tel: 02 62476544; e-mail: Jetaway@jetaway.com.au.

Accommodation options apart from Rydges Lakeside are posted on the WWW site <http://autismact.homemail.com.au/>. However, you may reserve accommodation with Rydges Lakeside now. Accommodation form for Rydges may be downloaded from: <http://autismact.homemail.com.au/>.

9. Travel

Qantas is the official airline. Details of special conference fares are available from our internet site: <http://autismact.homemail.com.au/> or from Travelscene, tel: 02 62476544; e-mail: Jetaway@jetaway.com.au. Bookings through Travelscene.

10. Conditions

Registration

At any one time, only one person is permitted to use a valid registration for entry to the workshops or presentations. This limitation applies also to family registrations.

Admission to the workshops or the presentations will be permitted only if a valid registration card is displayed.

Conference organisers reserve the right to ask for verification of valid registration or to refuse entry to any person not displaying a valid registration card.

Replacement for lost or stolen registrations cards will cost \$50 each time and will take up to one hour. Lost or stolen cards will be cancelled and may not be used to gain admission to events.

Behaviour

The conference and the workshops are designed to be non-threatening, friendly and social gatherings in which all people attending feel comfortable and where they can learn more about the autism spectrum. The organisers, therefore, reserve the right to remove or exclude any person, or to cancel the registration of any person, behaving in a manner that is out of keeping for events such as this. In such cases, no refund of fees is payable.

Refunds policy [workshops and conference]

Up to and including 20 September: Amount paid less \$100 administration fee.

After 20 September: Nil.

Privacy

We respect your privacy. Any information you provide to us will be used only for the purposes of administering your participation in the conference. Information provided will not be disclosed to any other person or organisation or used for any other purpose, except as may be required by law.

Conference Administrator

The Koomarri Association is the administrator for the conference. When completed, this form should be returned to Koomarri.

11. Agreement

I / we have read and understood this form and agree to the terms and conditions set out herein

Signed:

Name

Date:

12. Please fax, e-mail or post this form to:

Biennial Australian Autism Conference, 2004

Koomarri – Conference Administrator

Attention: Jane Berggy

PO Box 636

Fyshwick

ACT 2609

☎: 02 62806143

☎: 02 6239 1603

✉: asd.conference04@hotmail.com.au

For up to date information on the conference: <http://autismact.homemail.com.au/>