



REGISTRATION FORM

Please make your cheque/money order payable to "RSPCA ACT"

Fax completed registration to: **02 6288 3184**

Or post completed form to:
RSPCA ACT

National Wildlife Rehabilitation Conference

PO Box 3082 ♦ WESTON CREEK ACT 2611

CONFERENCE DATES: Tuesday 22 to Thursday 24 July 2008

YOUR DETAILS	Full Name: _____	Preferred name for badge: _____
	Organisation: _____	
	Address: _____	
	Town/Suburb: _____	State: _____
		Postcode: _____
	Telephone BH: _____	Telephone Mobile: _____
	Facsimile: _____	Email: _____
Signature: _____	Date: _____	

CONFERENCE SELECTIONS		BY 30 APRIL 2008	BY 1 JUNE 2008	AFTER 1 JUNE 2008
	Full registration:	<input type="checkbox"/> \$289	<input type="checkbox"/> \$329	<input type="checkbox"/> \$349
	Single day registration: Day(s) <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu	<input type="checkbox"/> \$106	<input type="checkbox"/> \$119	<input type="checkbox"/> \$126
	Optional Functions and Events	Date	Price	Number Required
	Welcome cocktail function	Monday 21 July	\$20	_____
	Conference Dinner* <small>* Please tick here for vegetarian option <input type="checkbox"/></small>	Wednesday 23 July	\$45	_____
	Day trip to Tidbinbilla Nature Reserve** <small>** Barbecue provided—please tick here for vegetarian option <input type="checkbox"/></small>	Friday 25 July	\$25	_____
Necropsy session	Saturday 26 July	\$30	_____	
Necropsy manual		\$40	_____	

PAYMENT DETAILS	Method of Payment:	Cheque/Money Order <input type="checkbox"/>	Credit card <input type="checkbox"/>
	Credit Card Type:	Bankcard <input type="checkbox"/>	MasterCard <input type="checkbox"/>
		Visa <input type="checkbox"/>	AMEX <input type="checkbox"/> ***
		<small>*** Payment by AMEX will incur a 2% surcharge.</small>	
Cardholder Name:	_____		Amount
Credit Card Number:	_____	_____	_____

Expiry Date:

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**Cardholder
Signature:**

All amounts include GST. If you have any particular dietary or access requirements please provide information regarding those requirements in writing.