



**Austral/Asia Pacific Play Therapy
Association Annual Conference
5 - 9 August 2008
Brisbane, Australia**

REGISTRATION FORM

1. DELEGATE DETAILS - please complete all details

| | | | |
|----------------|-------------------|---------------|---------|
| Delegate Name | Prof/Dr/Mr/Mrs/Ms | First Name | Surname |
| Organisation | | | |
| Position | | | |
| Postal address | | | |
| City/Region | State/Province | Post/Zip code | Country |
| Tel () | | Fax () | |
| Email | | | |

1b. APPTA Membership

- I am a current member of APPTA
- I would like to become a member of APPTA, \$100 payment attached (for information about membership please visit www.appta.org.au)

2 Conference Registration

| | Early Bird Closes 31 May 2008 | Full rate After 31 May 2008 |
|--|-----------------------------------|-----------------------------------|
| APPTA Members | <input type="checkbox"/> \$720.00 | <input type="checkbox"/> \$855.00 |
| Non-Members | <input type="checkbox"/> \$800.00 | <input type="checkbox"/> \$950.00 |
| Day Registration: Date attending | | <input type="checkbox"/> \$250.00 |
| <input type="checkbox"/> I am interested in attending a masterclass. (pre-qualification required - you will be contacted by an APPTA representative) | | |

3 Social Events Registration

| | | | |
|-------------------|---|------------------------------|-----------------------------|
| Welcome reception | One ticket included in full delegate registration fee. Indicate if you are attending: | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| | Guest tickets required _____ @ \$40.00 | Total \$ _____ | |
| Conference Dinner | Number of tickets required @ \$70.00 per person | Total \$ _____ | |

4. Accommodation Reservation Request - full pre-payment required

| | | | | | |
|------------------------|-------------|--------------------------------|----------------------|-----------------|--------------------------------|
| Mercure Hotel Brisbane | City View | <input type="checkbox"/> \$182 | Park Regis | Hotel Room | <input type="checkbox"/> \$156 |
| | River View | <input type="checkbox"/> \$226 | | 1 bedroom apt | <input type="checkbox"/> \$173 |
| Hotel Ibis | Single Room | <input type="checkbox"/> \$173 | | 1 bdrm exec apt | <input type="checkbox"/> \$183 |
| | Twin Room | <input type="checkbox"/> \$173 | | 2 bedroom apt | <input type="checkbox"/> \$259 |
| | Double Room | <input type="checkbox"/> \$173 | | | |
| Arrival Date _____ | | | Departure Date _____ | | |



Austral/Asia Pacific Play Therapy Association Annual Conference

REGISTRATION FORM - continued

5. Special requirements

Please advise of any special requirements (dietary, access etc) so that appropriate arrangements can be made:

6. Terms & Conditions, Privacy Policy

Registrations

Cancellations will only be accepted in writing to the conference secretariat at the email or postal addresses on this form. Cancellations made prior to 04 July 2008 will be refunded, less \$100 to cover administration costs. Cancellations made after this date, or non-attendance at the event, will incur full fees and no refund will be given. Registration may be transferred to another person at no cost. Any changes to registrations must be advised in writing to the conference secretariat.

Accommodation

Cancellation fees apply at all hotels. Policies differ between the hotels. Please contact us for full details.

I have read and accept the above cancellation policy. Signature: _____

All relevant delegate details will be stored in a database used by Eventuate to manage the registration process and conference organisation. A list of delegate names and contact details will be retained by Eventuate and may be used to send related information. Delegate names and contact details will be supplied to sponsors of the conference and to the Austral/Asia Pacific Play Therapy Association, but will not be passed on or sold to any other organisations. For networking purposes, a delegate list will be provided to all conference delegates.

Please tick if you do not wish to be included on the delegate list.

Payment

| | |
|-----------------------------|----|
| APPTA Membership Fee | \$ |
| Conference Registration Fee | \$ |
| Social Events | \$ |
| Accommodation | \$ |
| TOTAL PAYABLE | \$ |

Method of payment

All registration fees, accommodation & social functions must be pre-paid. All prices are quoted in Australian dollars and are inclusive of 10% GST. Please note that a tax invoice will be forwarded on receipt of registration. Debits will appear as EVENTUATE on your credit card statement.

Mastercard/Visa

Cheque/ Money Order

Direct Deposit

Credit Card Number:

Expiry Date:

Cardholder's name:

Cardholders Signature

Direct Deposit Details: BSB 085-933 Account number: 75-331-3140 Account Name: Monsoon Agencies Pty Ltd t/as Eventuate - Play Therapy Conference

FAX OR POST THIS FORM TO:

EVENTUATE, PO BOX 2206, PARAP, NT, 0804, AUSTRALIA

Phone: (08) 8942 2644

Fax: (08) 8942 2699

Email: playtherapy@eventuate.com.au

