



ALLA NATIONAL CONFERENCE

19 – 20 November 2010 | Stamford Grand Hotel, Glenelg | Adelaide SA

REGISTRATION FORM

Australian Labour Law Association

ABN 61 249 878 937

All fees are inclusive of GST. GST is applicable on accommodation payments therefore a tax invoice will be issued by your hotel on checkout.

Delegate Details

Title _____ First name _____ Last name _____

Preferred name for badge _____

Position _____

Organisation _____

Address _____

City _____ State _____ Postcode _____

Phone _____ Mobile Phone _____ Fax _____

Email (all communication re the Conference will be sent to this address) _____

Any special requirements? (E.g. dietary, wheelchair access) _____

Privacy

In registering for this Conference relevant details will be incorporated into a delegate list for the benefit of all delegates.

Please do not include my name and organisation on the delegate list.

These details may be made available to parties directly related to the Conference including All Occasions Group, ALLA, venues and accommodation providers (for the purposes of room bookings and Conference options), key sponsors and parties associated with related Conferences. By completing the registration form, you acknowledge that the details supplied by you may be used for the above purposes. Should you not wish your details to be used for these purposes, please contact All Occasions Group as soon as possible.

The All Occasions Group uses Commercial Electronic Messages (i.e. email updates, newsletters etc) to keep delegates informed on both current and future, events and travel.

Yes, I would like to be kept informed of Conferences, travel & accommodation specials or prize draws.

Registration

Please tick relevant boxes. New members may sign up and existing members may renew by selecting the ALLA Membership options in the table.

Registration Fees	Early Bird Registration Up to & including 1 October 2010	Standard Registration From 2 October 2010
Member	<input type="checkbox"/> \$415.00	<input type="checkbox"/> \$475.00
Non-Member	<input type="checkbox"/> \$450.00	<input type="checkbox"/> \$510.00
Discounted Group (for 10 or more)	<input type="checkbox"/> \$400.00	<input type="checkbox"/> \$400.00
Student	<input type="checkbox"/> \$250.00	<input type="checkbox"/> \$285.00
Membership Fees		
12 Months	<input type="checkbox"/> \$60.00	
Full-time Student 12 Months	<input type="checkbox"/> \$30.00	
6 Months (1/07/2010 – 31/12/2010)	<input type="checkbox"/> \$30.00	
		Sub Total _____

Social Program

To assist with catering please indicate your intentions. Failure to do so will be registered as non-attendance.

Tickets are required for:

Conference Dinner 19/11/2010 @ \$110.00 per person. Number _____ Sub Total _____

Accommodation

IMPORTANT NOTE: Credit Card details must be provided in order to secure your accommodation booking. Details will not be charged by All Occasions Group, but will be forwarded to the Hotel as a guarantee of your booking. It is then at the Hotel's discretion to charge a deposit prior to your arrival. All rates are GST inclusive and room only unless indicated otherwise.

Arrival Date _____ Departure Date _____ Estimated Time of Arrival _____

Smoking or Non-smoking Name of person(s) sharing room _____

Stamford Grand Hotel Glenelg

\$245.00 per Deluxe Room per night single double or twin

The following Credit Card details are being provided for the Hotel to guarantee/secure my booking:

MasterCard Visa AMEX Diners

Card number _____ CCV Number _____

Card holder's name as it appears on the card _____

Expiry Date ____/____/____ Signature _____

Registration Total & Payment

Registration \$ _____

Social Program \$ _____

TOTAL \$ _____

Please Note: FULL PAYMENT is required prior to the commencement of the Conference. Admission to the Conference and all social functions will be refused if payment has not been received.

Payment Options

Cheque/Money Order payable to 'All Occasions Group Pty Ltd – Trust Account #3' to be sent

Or

Pay by Electronic Funds Transfer to 'All Occasions Group Pty Ltd – Trust Account #3'.

Commonwealth Bank, Hindmarsh Branch, 065-112, Account Number 1016 3945.

To allow us to identify your EFT payment, please enter 'ALLA' and your surname as the Statement reference and email, fax or mail a remittance advice.

Or

Please debit my Credit Card for the above total:

MasterCard* Visa* AMEX* Diners*

Card holder's name as it appears on the card _____

Card number _____ CCV Number _____

Expiry Date ____/____/____ Signature _____

*Payments made by credit card will incur a merchant processing fee, 2.5% VISA & MasterCard, 3.5% AMEX, 4.5% Diners

Please note that debits to your credit card will appear as 'All Occasions Management' on your statement.

Please forward this form together with payment to:

ALLA Conference 2010

C/- All Occasions Management, 41 Anderson St, THEBARTON SA 5031

