

Registration Form/Tax Invoice



ABN 48 014 914 743 (please retain a copy of this form for your tax records. (Prices include GST))

Delegate Workshop Attendee only Sponsor/Valued Contributor Trade Exhibitor Media Rep (please tick)

Title: Clr Ald Mayor Deputy Mayor Dr Mr Mrs Ms (please tick)

Name: _____

Organisation: _____

Address: _____

Postcode: _____ Phone: _____

Email Address: _____

Special requirements (dietary/medical/wheelchair access/other): _____

Option 1 - Full Registration

*Full registration (3 - 5 July) \$905

(Includes AGM, Welcome Reception, Day One & Day Two, Happy Hour and Conference Dinner)

Will you be attending the AGM? Yes No

Will you be attending the Dinner?
(Theme - splash of colour) Yes No

Will you be attending the Welcome Reception? Yes No

Note: Please indicate your preferred workshops under 'Workshop Bookings'.

Option 2 - Partial Registration

Make your selection from the options below. Sponsors, please register for all entitlements and write 'nil' in the total column, where applicable.

Wednesday, 3 July

AGM (must register) \$Free

General Meeting (lunch included) \$150 \$ _____

Welcome Reception \$90 \$ _____

Thursday, 4 July

Day One Registration only \$490 \$ _____

Includes Plenary Sessions, Workshops, Happy Hour, Lunch, Morning and Afternoon Tea.

Conference Dinner (theme - splash of colour)

No. of seats required _____ x \$145 _____

If registering multiple dinner guests, please attach names on a separate piece of paper

Friday, 5 July

Day Two Registration only \$430

Includes Plenary Sessions, Workshops, Morning Tea and Lunch

Local Government Awards for Excellence Presentation

(Includes Morning Tea) \$60

Option 3 - Workshops Only

No of workshops _____ x \$155 \$ _____
(Includes workshop + morning tea or afternoon tea)

Workshop/World Café/Symposium Bookings

All delegates must complete this section

Please select the the session you will be attending (one per day)

Thursday, 4 July-World Café Series (1.40 - 2.40pm)

Engagement Service Delivery Health & Well Being

Friday, 5 July-Symposiums and Workshop (9.10 - 10.30am)

Symp - Community Symp - Citizen Workshop - Voice

Partners

Name.....

Dietary Requirements

Welcome Reception \$ 90 \$ _____

Happy Hour \$ 35 \$ _____

Conference Dinner

No. of seats required _____ x \$145 \$ _____

Grand Total \$ _____

Payment by eftpos

Date / ___ / ___ Amount: \$ _____

Name on card: _____

Card Type: (AMEX and Diners Club not accepted) _____

Expiry date: ___ / ___ / ___ CCV no. _____

Card no: _____

Authorised Signature: _____

Direct Deposit

Account Name: LGAT Commonwealth Bank: BSB: 067 028 A/C:10152336

Post form & payment to: LGAT, GPO Box 1521, Hobart, Tasmania 7001

or email to reception@lgat.tas.gov.au

REGISTRATIONS REQUIRED BY MONDAY, 2 June

Finding Your Voice

****Early Bird registrations - If you make a booking prior to 1 May, you enter a draw to win a \$250 voucher!!**

***Please note that special rate applies for King Island and Flinders Island**