

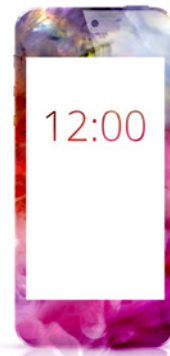
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# RESPECT THE PAST LEAD THE PRESENT SECURE THE FUTURE

SETTING THE LEARNING AGENDA

2017 ACEL NATIONAL CONFERENCE

4TH-6TH OCTOBER 2017,  
AT THE NEW INTERNATIONAL  
CONVENTION CENTRE, SYDNEY



DAVID MARQUET



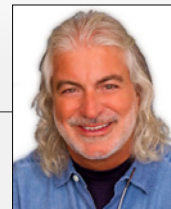
BARBARA BLACKBURN



PASI SAHLBERG



TANIA MAJOR



RUSSELL QUAGLIA



KIRSTI LONKA



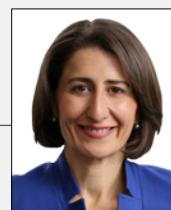
DAVID HOPKINS



BEN WALDEN



MARIAM ISSA



HON. GLADYS  
BEREJKLIAN MP



TONY MACKAY

# RESPECT THE PAST LEAD THE PRESENT SECURE THE FUTURE



## REGISTRATION FORM

Acceptance of registration will be forwarded by email once payment is received.

Please contact us if you have not received acceptance within 21 days of you forwarding your payment.

**TAX INVOICE:**  
**ABN 75 132 672 416**  
 All rates are GST inclusive.  
 All rates are quoted in Australian Dollars.

Title: \_\_\_\_\_ First Name\*: \_\_\_\_\_ Surname\*: \_\_\_\_\_

Preferred Name on Badge: \_\_\_\_\_ Telephone\*: \_\_\_\_\_ Mobile: \_\_\_\_\_

Position: \_\_\_\_\_ Organisation: \_\_\_\_\_

Mailing Address\*: \_\_\_\_\_

Town/City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ Postcode\*: \_\_\_\_\_

Email\*: \_\_\_\_\_

Email for Accounts Payable\*: \_\_\_\_\_

Purchase Order Number: \_\_\_\_\_

*\*Denotes required field*

REGISTRATION TYPE	DAY(S)	TOTAL
ACEL Member Full Registration <small>(ACEL member rate available for NZEALS members)</small>	Wed - Fri	<input type="checkbox"/> \$1000
Non-Member Full Registration	Wed - Fri	<input type="checkbox"/> \$1150
ACEL Member Day Registration <small>(ACEL member rate available for NZEALS members)</small>	<input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri	<input type="checkbox"/> \$365
Non-Member Day Registration	<input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri	<input type="checkbox"/> \$420
Combine & Save	<small>(Pay our Member Rate when you combine your registration with a discounted ACEL membership – normally \$195)</small>	<input type="checkbox"/> \$160 + Member Rate

**TOTAL PAYMENT \$**

### PAYMENT DETAILS

Master Card      Card Number

Visa

Cheque (made payable to ACEL)

Direct Deposit

Expiry Date (MM/YY)   /

Name on card \_\_\_\_\_

Signature \_\_\_\_\_

### SPECIAL REQUIREMENTS

Please note any special requirements ACEL needs to be made aware of (such as physical impairments, health considerations, dietary requirements).

### TERMS AND CONDITIONS

By completing this form you are accepting ACEL's Event Policies available at [acel.org.au](http://acel.org.au). Please ensure that yourself, those registered and the credit card holder (if applicable) read and fully understand these terms and conditions prior to submitting this registration.

- I do not want my details made available to conference sponsors.
- Please tick here if you require an invoice to be sent to the email address noted above.

**Please complete all relevant sections and return with payment to:**

Australian Council for Educational Leaders:  
 PO Box 876, Strawberry Hills, NSW 2012

F 1800 680 561  
 E [national.conference@acel.org.au](mailto:national.conference@acel.org.au)  
 T 1800 680 559  
[acel.org.au](http://acel.org.au)

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## REGISTRATION FORM

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*Details of those attending with you.*

**TAX INVOICE:**  
**ABN 75 132 672 416**  
All rates are GST inclusive.  
All rates are quoted in  
Australian Dollars.

1	Full name: _____ Email: _____
2	Full name: _____ Email: _____
3	Full name: _____ Email: _____
4	Full name: _____ Email: _____
5	Full name: _____ Email: _____
6	Full name: _____ Email: _____
7	Full name: _____ Email: _____
8	Full name: _____ Email: _____
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PO Box 876, Strawberry Hills, NSW 2012  
**Phone:** 1800 680 559 | **Fax:** 1800 680 561  
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