

NATIONAL DISABILITY LEADERSHIP SUMMIT

OWNING THE OUTCOMES

2017 ACEL DISABILITY SUMMIT

19TH–20TH JUNE 2017
SYDNEY MASONIC CENTRE
66 GOULBURN STREET, SYDNEY



KURT FEARNLEY



BREE JIMENEZ



SUSAN GABEL



LISA RODGERS



ROB RANDALL



CHRISS WALTHER-THOMAS



ALASTAIR MCEWIN



MICHELLE VILLENEUVE



MARK SCOTT AO



NATALIE SILOVE



CAROLYN CAMPBELL

HOST

NATIONAL DISABILITY LEADERSHIP SUMMIT

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 includes tickets to the Networking Reception held on Monday 19th June, 5.00pm - 7.00pm.

REGISTRATION TYPE

	Day 1	Day 2	Full
ACEL Member	<input type="checkbox"/> \$370	<input type="checkbox"/> \$370	<input type="checkbox"/> \$725
Non-Member	<input type="checkbox"/> \$390	<input type="checkbox"/> \$390	<input type="checkbox"/> \$750
Group Rate (5 or more) <small>(Please include details on next page)</small>			<input type="checkbox"/> \$705
Combine & Save	<small>Recieve a discount when you combine your registration with a new ACEL membership – normally \$195. (\$160 Membership + Member Rate)</small>		<input type="checkbox"/> \$885

TOTAL \$ _____

PAYMENT DETAILS

- Master Card
 Visa
 Cheque (made payable to ACEL)/Direct Deposit

Card Number

□□□□ □□□□ □□□□ □□□□

Expiry Date (MM/YY) □□/□□

Name on card _____

Signature _____

SPECIAL REQUIREMENTS

Please note any special requirements ACEL needs to be made aware of (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

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.

Please inform ACEL if you do not want any photographs of you to be published.

- Please tick here if you require an invoice to be sent to the email 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 disability.summit@acel.org.au
T 1800 680 559
acel.org.au

NATIONAL DISABILITY LEADERSHIP SUMMIT

REGISTRATION FORM

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: _____
9	Full name: _____ Email: _____

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 disability.summit@acel.org.au
T 1800 680 559
acel.org.au