

EVIDENCE & EXPERIENCE

SETTING THE LEARNING AGENDA

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 1	Day 2	Day 3	Full
ACEL Member <small>(ACEL member rate available for NZEALS members)</small>	<input type="checkbox"/> \$410	<input type="checkbox"/> \$410	<input type="checkbox"/> \$410	<input type="checkbox"/> \$1000
Non-Member	<input type="checkbox"/> \$470	<input type="checkbox"/> \$470	<input type="checkbox"/> \$470	<input type="checkbox"/> \$1140

Group Rates <small>(Please include details on next page)</small>	3-5	6-9	10+
ACEL Member (per person)	<input type="checkbox"/> \$950	<input type="checkbox"/> \$920	<input type="checkbox"/> \$900
Non-Member (per person)	<input type="checkbox"/> \$1050	<input type="checkbox"/> \$1040	<input type="checkbox"/> \$1020

To be applicable for ACEL Member group rates – group registration must be completed by a current ACEL member [all parties within the group are not required to be members]

Combine & Save (Pay our Member Rate when you combine your registration with a discounted ACEL membership – normally \$195) \$160 + Member Rate

Annual Gala Networking Event \$95

TOTAL \$ _____

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.

- 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.

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).

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
 T 1800 680 559
acel.org.au

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Details of those attending with you.

For 10+ Registrants please contact ACEL

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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: _____
10	Full name: _____ Email: _____

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PO Box 876, Strawberry Hills, NSW 2012
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national.conference@acel.org.au | **acel.org.au**

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