



every student.
every day.

ACEL 2021 NATIONAL DISABILITY & INCLUSION CONFERENCE

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: For your event confirmation
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 15th March, 5.00pm - 7.00pm.

REGISTRATION TYPE

Two Day Registration

- ACEL Member \$755
- Non-Member \$790
- Group Rate (5 - 10) (Please include details on next page) \$710 pp
- Group Rate (10+) (Please contact acel) \$675 pp

Combine & Save \$930
Receive a discount on Membership when you combine your registration with a new ACEL membership - normally \$195. (\$120 Membership + Member Rate)

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.

Please tick here if you require an invoice to be sent to the email 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).

[Empty box for special 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 disability@acel.org.au
T 1800 680 559
acel.org.au

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Queensland
Government



REGISTRATION FORM

Details of those attending with you.

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

1	Full name: _____ Email: _____	Mobile*: _____
2	Full name: _____ Email: _____	Mobile*: _____
3	Full name: _____ Email: _____	Mobile*: _____
4	Full name: _____ Email: _____	Mobile*: _____
5	Full name: _____ Email: _____	Mobile*: _____
6	Full name: _____ Email: _____	Mobile*: _____
7	Full name: _____ Email: _____	Mobile*: _____
8	Full name: _____ Email: _____	Mobile*: _____
9	Full name: _____ Email: _____	Mobile*: _____

**For your event confirmation*

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